

2006 PINEBROOKWOOD ORCA SWIM TEAM  
REGISTRATION FORM

To register, mail or deliver this completed Registration Form, Waiver of Liability, Medical Release Form, Parent Volunteer Contract and registration fee to:

Mail:  
PineBrookWood Orca Registration  
2437 Bay Area Blvd. #137  
Houston, TX 77058

Deliver:  
Lee Ann Kerr  
15715 El Dorado Oaks Dr.  
Houston, TX 77059

For questions:  
EMAIL: [registration@pinebrookwoodorcas.org](mailto:registration@pinebrookwoodorcas.org)  
Phone: 281-461-8255

Father's Name \_\_\_\_\_ Phone \_\_\_\_\_ (cell or work)

Mother's Name \_\_\_\_\_ Phone \_\_\_\_\_ (cell or work)

Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Subdivision \_\_\_\_\_

EMAIL \_\_\_\_\_

Please enter **each swimmer(s)** information below:

First Name	Last Name	Birthday	Female	Male	T-Shirt Size *

\* T-Shirt sizes available: YS, YM, YL, Adult Sm, Adult Med, Adult Large, Adult XL, XXL, XXL

For parents or siblings additional team t-shirts are available for \$10 each.

**Additional** team t-shirts:

Size	Quantity

**T-shirt Total** \_\_\_\_\_ x \$10.00 = \_\_\_\_\_

Registration Fees:	First Swimmer	(non USS)	\$100.00	_____
	Second Swimmer	(non USS)	\$80.00	_____
	Third Swimmer	(non USS)	\$40.00	_____
	USS Swimmer (15-18 yrs old)		\$30.00 each	_____
	<b>Family Maximum</b>		\$220.00	_____
	<b>Registration Total</b>			_____

**GRAND TOTAL (Registration and T-shirts)** \_\_\_\_\_

*Make checks payable to PineBrookWood Orcas*

- I certify that my child(ren) is/are physically fit to participate in all activities of the organization.
- Parents and swimmers agree to be governed by the rules of PineBrookWood Orcas.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

## WAIVER OF LIABILITY

- Having been informed of the intention of PineBrookWood Orcas to provide supervised meets and practice sessions, I, the parent or legal guardian of the above named applicant(s), do hereby give my approval for my child's participation in any and all of its activities during the period to which this application pertains. I assume all the risks and hazards incidental to the conduct of these activities; and hold harmless the organization, organizers, supervisors and sponsors of PineBrookWood Orcas.
- On behalf of my child(ren) and myself, I do voluntarily elect to accept and solely assume all risks of injury incurred or suffered by my child (a) while practicing or playing as a member of the team so designated, (b) while serving in a non-playing capacity as team member or observer during practice or play by other teams or by other swimmers on my child's team, and (c) while on or upon the premises of any and all of the pools arranged for by my team or league for practice or play.
- In addition to giving my full consent for my child's participation, I do hereby waive, release, discharge and agree not to sue the PineBrookWood Orcas, the owner or operator of any pool utilized by the team, officers, agents, servants, associations, employees, or any person or entity connected with the team for any claim, damages, costs including attorneys fees, or cause of action which I or my child(ren) have or may have in the future as a result of damages, injuries, including death, sustained or incurred by my child(ren) from whatever cause.
- I hereby certify that my child(ren) is(are) fully capable of participating in the designated sport and that my child(ren) is(are) healthy and has no physical or mental disabilities or infirmities that would restrict full participation in these activities, except as made known to coaches and officials of the team and league.
- I further agree on behalf of myself and my child(ren) listed above, that I shall hold harmless and fully indemnify the parties hereby release from any and all claims, damages, costs including attorney fees, and causes of action which may arise from any cause of action made by me or by, through or on behalf of my child(ren), even if the damages, injuries or death are caused in whole or in part by any of the persons or entities hereby released.

Check if you DO NOT want your child(ren) photos to appear on the PineBrookWood Orca website.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

## MEDICAL RELEASE FORM

As the parent or guardian of the minor child(ren) listed below, I request that in my absence my child be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff, duly licensed as Doctors or Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the minor child(ren) listed on this form. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from the minor child.

Child's Name	Birth Date	Last Tetanus Booster	Known allergies, allergies to medicine or other medical problems:	Insurance Policy Number (if each child has a unique ID)
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	/ /	/ /		
	/ /	/ /		
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Family Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

Insurance carrier: \_\_\_\_\_ Family Policy #: \_\_\_\_\_

Insurance Member Services Phone #: \_\_\_\_\_

Name of parent/guardian: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Other: \_\_\_\_\_

Person responsible for charges (if different from above): \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Other: \_\_\_\_\_

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### Emergency Contact Information

Person to notify if parent/guardian is unavailable: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Other: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

# Parent Volunteer Contract Orcas 2006

## Volunteer Information

Previous Swim Team Volunteer Experience: \_\_\_\_\_

Special Needs/Professional: \_\_\_\_\_  
(CPA, Lawyer, Doctor, Nurse, Website, Computers, etc.)

Volunteer Position Preferences: (Circle preferences below)

Clerk of Course	Stroke and Turn Judge	Score Verifier
Asst. Clerk of Course	Tent Parent	Computer
Referee	Ready Area	Head Ribbons
EMS	Runner	Ribbon workers
Set Up – Take Down	Head Timer	Breakfast Concession
Traffic Control	Timers	Hot Concessions
Announcer	Head Scorer/Scorer	Candy/Soda Concession
Starter	Card Placer	Water Runner

\*shaded tasks require training/certification

Shift Preference: (Circle)    Early shift    Late shift    Any

Special Circumstances: \_\_\_\_\_

Weekends Not Available to work: (Please cross out all that apply)

Intra- squad May 13	May 20	May 27	June 3	June 10	June 17	June 24	July 1
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The Orca Swim Team is a volunteer organization. To successfully run a swim meet, parent's participation is required. Each family is required to work at least 4 shifts during the season with 1 additional shift added per swimmer. A shift is 2 to 3 hours depending on the meet.

Volunteer positions will be assigned by the Volunteer Coordinator: Connie Musler  
Questions: Contact Connie: [volunteers@pinebrookwoodorcas.org](mailto:volunteers@pinebrookwoodorcas.org) or 281-286-4608

I/We, \_\_\_\_\_, acknowledging that the ORCA Swim Team is an organization relying heavily on volunteers, agree to work my/our assigned shifts or personally make arrangements for another adult to work them. Failure to do so will mean that my child or children will not be allowed to swim in the next scheduled meet.

SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

**\*THIS FORM MUST BE SIGNED AND RETURNED WITH REGISTRATION\***