

Louisa Gators Swim Team - 2024

Parent/Guardian Name _____ Cell Phone _____

Parent/Guardian Name _____ Cell Phone _____

Mailing Address _____

Email _____ Home Phone _____

Swimmer Name	Date of Birth	Age as of 6/1/24	T Shirt Size	Circle One
			YS YM YL AS AM AL AXL	Team Prep
			YS YM YL AS AM AL AXL	Team Prep
			YS YM YL AS AM AL AXL	Team Prep
			YS YM YL AS AM AL AXL	Team Prep
			YS YM YL AS AM AL AXL	Team Prep
			YS YM YL AS AM AL AXL	Team Prep

Total Amount Due: _____

Adult volunteerism is MANDATORY for the Louisa Gators Swim Team with both Fundraising and at ALL Swim Meets (usually held on Wednesday evenings). Each family must provide at least one adult to help with each swim meet. Training will be provided, sign up sheets will be available for all meets and fundraising events. I understand that in the event I do not wish to participate in Fundraising activities I will need to pay an extra fee of \$100 per swimmer.

Registration Fees should be paid to: Parents of Gator Association (POGA)

The Parents of Gator Association does not provide medical coverage or insurance for individual participants. The parents must provide all medical insurance protection. In the event of an emergency, I hereby give my consent for the Coaching Staff of the Louisa Gators Swim Team to arrange for medical treatment or Emergency Room treatment by a physician on staff. I understand that pictures/videos may be taken of my child and hereby give permission for those pictures to be used for publicity in written material, bulletin boards and websites. I also hereby give my consent and approval for my son/daughter to participate in this activity sponsored by the Parents of the Gators. I acknowledge that swim team is a close physical sport and swimmers may be exposed to COVID and other illnesses. I agree to follow all safety protocols as established in order to reduce the chance of spreading COVID. I will not hold Personnel, Coaches or Volunteers responsible in case of illness, accident or injury as a result of my child(ren)'s participation in this program. I understand the risks involved with this activity and know that my child(ren) is/are physically able to participate in this program.

Parent/Guardian Signature _____ Date _____

POGA Only: Registration Fees \$200 (thru June 1) \$225 (beginning 6/2) Prep \$100 (partial credit when moving to team)

Payment #1 Amount Paid _____ Cash/Check _____ Receipt # _____ Initials _____

Payment #2 Amount Paid _____ Cash/Check _____ Receipt # _____ Initials _____