

**FCE FLIPPER SWIM TEAM 2015 REGISTRATION**

Family Last Name: \_\_\_\_\_

Parents' Names: \_\_\_\_\_

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

Home phone number: \_\_\_\_\_

Father's CELL phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Mother's CELL phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

**Parent email address (mandatory):** \_\_\_\_\_

2<sup>ND</sup> Parent email address: \_\_\_\_\_

Swimmer email (optional): \_\_\_\_\_

Swimmer text number (optional): \_\_\_\_\_

<b>Swimmers:</b>	mo/day/yr					
Name	Birthday	age	sex	allergies	Medication	taken regularly

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Emergency contact name (other than a parent) and best daytime number:

Any other information we should know about your child, his health or his swimming ability:

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The Flippers are part of the Northern Virginia Swimming League (NVSL), founded in 1956, to develop in the children affected by this program: "A love for the sport, advanced aquatic skills, teamwork, and the principles of good sportsmanship." The Flippers are committed to upholding the purpose of the NVSL by ensuring that these principles are evident in all team members during practices, team social events, and during meets.

I acknowledge that swimmers will be expected to demonstrate respect for their teammates, their coaches, meet officials and spectators at **all** times. Failure to do so will result in the removal of their eligibility to participate at the discretion of the coach and/or team representative.

I acknowledge that the swim team & the NVSL is run strictly by parent volunteers, and I agree to volunteer and assist the team as needed when called upon for meets and team functions.

Parent Signature: \_\_\_\_\_

Swimmer's Signature: \_\_\_\_\_

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Registration Fees:	
\$100 one swimmer	_____
\$175 2 swimmers	_____
\$200 family 3+ kids	_____
\$65 per mini flipper	_____
<b>Total Paid =</b>	_____
Checks To: <b>FCE Swim Team</b>	