



VCC Swim Team Registration Form

Competitive Meets
June 3rd in Victoria
June 8th in Victoria
June 15th in Victoria
June 22rd in Victoria
June 29th in Victoria
July 13th-14th in Victoria

To ensure safety, participants must be able to swim 1 length of the pool with minimal assistance by the first day of practice. Swimmer assessments will be conducted by coaches on the first day of practice.

Child Name	Age	Date of Birth mm/dd/yy	* T-shirt (Youth S,M,L; Adult S,M,L,XL,XXL)

*If child's birthday is during the swim season, he/she will age up on date of birthday

CONTACT INFORMATION:

Parent/Guardian names: _____

Home address: _____

Home phone: _____ Mom's cell: _____ Dad's cell: _____

E-mail Address (es): _____

EMERGENCY CONTACT INFORMATION:

Emergency Contact: _____ Phone: _____

Family Physician: _____ Phone: _____

Medical Conditions of any participants: _____

I give my permission for my child(ren) to receive medical care in an emergency in the event that I cannot be reached.

Sign _____ Date _____

I, the undersigned parent/legal guardian of the above listed participants, acknowledge that I understand the risks inherent in swim and/or dive team activities. I agree for myself, my family, heirs, and assigns, not to sue and do hereby release, indemnify and hold harmless Victoria Country Club (VCC), its owners, officers, agents, instructors, and volunteers from any and all present and future liability, claims, demands, or causes of action whatsoever arising from the participation in any and all activities associated with Victoria Country Club Swim Team. I understand that this Release of Liability shall be as broad and inclusive as permitted by the laws of the State of Texas. I understand that by signing this form, I am giving up legal rights and remedies which may be available to me for the ordinary negligence of any of the parties listed above. I acknowledge that I am aware of the inherent risks involved in the event, and I voluntarily assume these risks. I attest and verify that the participant is capable to engage in such activities for Victoria Country Club's swim team.

Parent/Guardian Signature: _____ Date: _____

(Must be at least 18- years of age and have read and understand the above).

FEES:

\$150 per swimmer**

** The fee includes all swimming fees, coaches and lifeguard salaries, swim cap and t- shirt.

of Swimmers: _____

Amount Due \$ _____

of Additional Shirts: _____

Please state the number of shirts and what size are needed for each shirt
(YS, YM, YL, AS, AM, AL, AXL, AXXL) \$15 per shirt

TOTAL DUE: _____

Make check payable to "VCC"

Return registration and payment to the office of Victoria Country Club

Mail to Victoria Country Club

14 Spring Creek Dr.

Victoria, Texas 77904

Or scan and email to challett@victoriacc.com

Official Use Only
Amount Paid \$ _____
Check Number: _____
Cash: _____