



First Colony Gators 2010 Registration Form

Mail To: Kim Strickler
FCGST Registrar
4426 Roundtree Lane
Missouri City, TX, 77459

Parent's Names: _____
Mailing Address: _____ Zip: _____
Home phone: _____ Work: _____ Cell: _____
Email Address: _____

Swimmer Name	Circle Gender	Birth Date mm/dd/yy	5 th or 10 th Year on Gators (Y/N)	Tee Shirt Style	Tee Shirt Size*
_____	M / F	_____	Y / N	Tank / Tee	_____
_____	M / F	_____	Y / N	Tank / Tee	_____
_____	M / F	_____	Y / N	Tank / Tee	_____
_____	M / F	_____	Y / N	Tank / Tee	_____
_____	M / F	_____	Y / N	Tank / Tee	_____

* Swimmer's shirt included in registration fee. Sizes: YS, YM, YL, S, M, L, XL, XXL

Additional Shirts @ \$10 each: Size/Style: _____ Size/Style: _____ Size/Style: _____

Physician's Name: _____ Physician's Phone: _____
Please list any medical conditions (allergies, medications, etc.): _____

Insurance Carrier/Policy: _____ Policy Holder's Name: _____
Emergency Contact Name: _____ Phone: _____ Relationship: _____

In case of emergency, and in the event that I cannot be reached by phone, I authorize the swim team representative to take immediate action for securing emergency medical treatment for my child(ren). The swim team representative will not be held liable for payment of medical expenses. _____

I give my permission for my child(ren)'s name and/or picture to be placed on team web site. (The team picture will be posted on the Gator web site without names listed, Meet results will be posted in a password protected file, password will be sent to team families via email): _____

REFUND POLICY: There is a non-refundable \$10 registration fee per swimmer. During the first week of practice, if the swimmer decides to drop from the team, there will be a \$25 non-refundable fee assessed per swimmer. In order to receive this partial refund, the swimmer must notify the registrar by Friday of the first week of practice. After the first week of practice, no refunds will be made. _____

I understand the importance of volunteer participation by all team parents and agree to abide by my volunteer commitment: _____

The Swimmer(s) listed above have not/will not participate(d) in any non-SHRSL practices or competitions after 3/31/2010: _____

I understand that by the first time trial, my child(ren) will be required to swim across one length of the pool (25 yards) and be able to participate in practice without constant supervision. If a swimmer is released from the team at this time, **NO** refund of the swimmer's registration fee will be made. _____

RELEASE AND INDEMNITY AGREEMENT

I, _____, the parent and/or legal guardian of the above named swimmer(s), a minor(s), for the consideration of the services provided to and for said minor(s), now and in the future, hereby release and forever discharge, indemnify and hold harmless **THE FIRST COLONY SUMMER RECREATIONAL SWIM TEAM ("FIRST COLONY GATORS SWIM TEAM") AND THE COLONY GRANT HOWEOWNERS ASSOCIATION ("CGHOA")**, any affiliated entities, and all of their officers, directors, members, shareholders, contractors, employees, sponsors, agents, insurers, and/or volunteers from any and all liability arising out or which may arise out of any accident or injury sustained by said minor(s), while under the care and control of said **FIRST COLONY GATORS SWIM TEAM**. I further agree to release and forever discharge, indemnify and hold harmless the **FIRST COLONY GATORS SWIM TEAM, CGHOA**, any affiliated entities, officers, directors, members, shareholders, contractors, employees, sponsors, agents, insurers, and/or volunteers from any claim by said minor(s) or by the undersigned or other family member of the minor(s) arising out of said injuries. It is understood, however, that any rights which I may have against any other person, firm or entity are hereby expressly reserved. I agree to abide by the team expectation rules as published and distributed by the **FIRST COLONY GATORS SWIM TEAM**. Our heirs and assigns are bound by this agreement.

Parent/Guardian Signature _____ Date _____

Please make checks out to: First Colony Gators Swim Team or FCGST. Mail this registration form, SHRSL Release form, Proof of age if new swimmer, and check to address in the upper right hand corner of this page. Cost : 1 swimmer - \$90, 2 swimmers - \$170, 3 swimmers - \$240, each additional swimmer—\$22. FCGST USE → CHECK # _____ Amount _____ Proof of Age _____ SHRSL Forms _____