Greater Richmond Aquatic League Registration
TVRA - 2009

Swimmer's Name:_____ _____ _____ Boy/Girl
Last First Middle

Preferred Name: _____ Date of Birth: _____ Age as of June 1st _____

Mailing Address: _____

Parent #1: Name: _____ Parent #2 : Name_____

Day Phone: _____ Day Phone: _____

Evening Phone: _____ Evening Phone: _____

Email: _____ Email: _____

Emergency Contact: Name:_____ Phone: _____

Emergency Release: In case of an EMERGENCY, I hereby authorize TVRA Swim Team coaches or Swim Team parent to seek medical attention for my for child, _____ My health insurance and policy number is _____

_____

_____ Date: _____

(Parent Signature)

Swimming Experience:

Did your child swim competitively this winter or swim for another club last Summer?

Yes: _____ No: _____

If yes, please complete the following (YMCA times should also be included)

Club/Organization: _____

Please provide best times (including meters or yards for the following:

25 Free _____	50 Free _____	100 Free _____
25 Back _____	50 Back _____	100 Back _____
25 Breast _____	50 Breast _____	100 Breast _____
25 Fly _____	50 Fly _____	100 Fly _____

**********<u>***WE CANNOT TURN IN YOUR CHILD'S REGISTRATION WITHOUT THEIR WINTER TIMES!***</u>**********

(There is a $50 fine per swimmer if your child is registered and times are not turned in This fine will be due from the family of the swimmer, NOT TVRA!)

Make copies of this form as needed)