



Join us this summer and be part of the HVL Gator Swim Team!

Sign-Ups – Deadline: May 12th

Practices: (Age determined by May 15th)

8 and under: 8:15am – 9:00am

9 yrs – 12 yrs: 9:00am – 10:00am

12 yrs – 18 yrs: 10:00am – 11:00am

*Arrive 15 minutes prior to practice.

Season is from May 29th to July 13th

Send form and payment to

- HVL POA,
- c/o Gators Swim Team
- 20698 Lakeview Dr.
- Lawrenceburg, IN 47025

- *Forms are located at the HVL POA office

Fees:

SEASON FEES: 1 swimmer = \$50 2 swimmers = \$100

3 or more - \$20 for each add'l swimmer

We are a volunteer organization We welcome your help.

Questions: HVLswim@gmail.com

Hidden Valley Lake Swim Team Registration Form

SEASON FEES: 1 SWIMMER = \$50 2 SWIMMERS = \$100 \$20 FOR EACH ADDITIONAL SWIMMER
(FEES INCLUDE: COACHING FEE, INSURANCE, AND AWARDS)

PLEASE MAKE CHECKS PAYABLE TO HVL SWIM TEAM – SIGN UP DEADLINE MAY 12TH

Waiver and release: I understand that use of the Hidden Valley Lake Pool is entirely at my discretion. I will abide by all the rules and policies of the Hidden Valley Lake Property Owners Association and Hidden Valley Lake Pool. I do hereby hold harmless the Hidden Valley Lake Property Owners Association, Board of Directors, volunteers, and employees for any injury which may result for myself or my families participation.

Name of swimmer Last, First	Gender	Age (as of May 15 th)	Date of Birth Month/Date/Year	Significant Health Issue, Severe Allergy, or Medication	Swam for HVL Last Year?
	M or F		/ /		Y or N
	M or F		/ /		Y or N
	M or F		/ /		Y or N

<p>Parent or Guardian Information: (Please Print)</p> <p>Parent 1 (Primary Contact)</p> <p>Name _____</p> <p>Address _____</p> <p>_____</p> <p>Home Phone (____) _____ - _____</p> <p>Cell Phone (____) _____ - _____</p> <p>Email _____</p>	<p>Parent or Guardian Information: (Please Print)</p> <p>Parent 2 (Secondary Contact)</p> <p>(Write SAME if information is not different from primary contact)</p> <p>Name _____</p> <p>Address _____</p> <p>_____</p> <p>Home Phone (____) _____ - _____</p> <p>Cell Phone (____) _____ - _____</p> <p>Email _____</p>
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<p>EMERGENCY INFORMATION: Contact Name (other than parent) _____</p> <p>Phone (____) _____ - _____ Relationship to Swimmer _____</p>
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