



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

Practices: (age determined by May 15th)

8 & under: 8:15am-9:00am

9yrs-12yrs: 9:00am-10:00am

13yrs-18yrs: 10:00am-11:00am

*Arrive 15 min prior to practice

Season is from May 31st-June 25th

Sign-ups Deadline: May 20th

Send form and payment to:

19552 Knollwood Drive

Lawrenceburg, IN 48025

***Forms can be found on the HVL website under Forms or at the POA Office**

Season Fees:

1 swimmer= \$50

2 swimmers = \$100

3 or more = \$30 for each additional swimmer

Questions?

Email us at hvlswim@gmail.com

Hidden Valley Lake Swim Team Registration Form

Season Fees: 1 swimmer=\$50, 2 swimmers=\$100, & 3 or more= \$30 each for additional swimmer

(Fees include Coaching Fees, Insurance, & Awards)

Please make checks payable to HVL Swim Team (Deadline is May 20th)

Waiver and Release: I understand that the 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 family's participation.

Name of Swimmer Last, First	Age	Gender	Date of Birth Month/Day/Year	Significant Health Issues, Severe Allergies, Medications	Previous HVL Swimmer
		M or F			Yes or No
		M or F			Yes or No
		M or F			Yes or No

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