

RICHMOND RACERS SWIM TEAM

2009-2010 REGISTRATION FORM

Swimmer's Full Name: _____ Nickname: _____
Last First Middle Suffix

Birthdate: _____ M F Age: _____ T-Shirt Size: _____

School: _____ Grade: _____ Summer Swim Team: _____

Address: _____ City: _____ Zipcode: _____

Father/Guardian Name: _____ Email: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Mother/Guardian Name: _____ Email: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Emergency Contact: _____ Phone Number: _____ Cell Phone: _____

Waiver: I _____ authorize the City of Richmond Department of Parks, Recreation and Community Facilities, Special Services Aquatics Branch staff to act according to their best judgment in an emergency requiring medical attention. I hereby waive and release the city and/or it's designates from any and all liability and costs associated with the Richmond Racers Swim Team. I further understand that my medical insurance carrier or I will be responsible for any expense arising from said emergency. I consent to travel for my child to and from designated swim meets.

Signature of Parent/Guardian

REGISTRATION FEES: (2009-2010 Fees)

City Residents *

Level	1st Child	2nd Child	3rd Child	4th Child	5th Child
Pre-Team	<input type="radio"/> \$200	<input type="radio"/> \$190	<input type="radio"/> \$180	<input type="radio"/> \$170	<input type="radio"/> \$160
Group I & II	<input type="radio"/> \$275	<input type="radio"/> \$265	<input type="radio"/> \$255	<input type="radio"/> \$245	<input type="radio"/> \$235
Group III & IV	<input type="radio"/> \$300	<input type="radio"/> \$290	<input type="radio"/> \$280	<input type="radio"/> \$270	<input type="radio"/> \$260
Group Varsity	<input type="radio"/> \$300	<input type="radio"/> \$290	<input type="radio"/> \$280	<input type="radio"/> \$270	<input type="radio"/> \$260
Group V	<input type="radio"/> \$350	<input type="radio"/> \$340	<input type="radio"/> \$330	<input type="radio"/> \$320	<input type="radio"/> \$310

*Please note that a city resident is a person who lives within the City of Richmond (per the US Postal Service zip code). The significant zip codes for the City of Richmond are 23219 through 23235; however, some of these overlap into the surrounding counties. A determination will be made on a case by case basis.

A CITY RESIDENT MUST BE ABLE TO DEMONSTRATE PROOF OF RESIDENCY, SUBJECT TO VERIFICATION USING ANY ONE OF THE FOLLOWING DOCUMENTS: 1. Real Estate Tax Statement; 2. Virginia Drivers License (with city address subject to zip code verification); 3. Utility Bill with name and address; or 4. Voter Registration Card.

**Non-City Residents
(includes \$20.00
Surcharge)**

Level	1st Child	2nd Child	3rd Child	4th Child	5th Child
Pre-Team	<input type="radio"/> \$250	<input type="radio"/> \$240	<input type="radio"/> \$230	<input type="radio"/> \$220	<input type="radio"/> \$210
Group I & II	<input type="radio"/> \$485	<input type="radio"/> \$475	<input type="radio"/> \$465	<input type="radio"/> \$455	<input type="radio"/> \$445
Group III & IV	<input type="radio"/> \$535	<input type="radio"/> \$525	<input type="radio"/> \$515	<input type="radio"/> \$505	<input type="radio"/> \$495
Group Varsity	<input type="radio"/> \$535	<input type="radio"/> \$525	<input type="radio"/> \$515	<input type="radio"/> \$505	<input type="radio"/> \$495
Group V	<input type="radio"/> \$570	<input type="radio"/> \$560	<input type="radio"/> \$550	<input type="radio"/> \$540	<input type="radio"/> \$530

Please Complete One Form Per Swimmer