

# Swimming Lessons Registration

Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

Phone: Home \_\_\_\_\_ Mother Work \_\_\_\_\_ Mother Cell \_\_\_\_\_

Father Work \_\_\_\_\_ Father Cell \_\_\_\_\_

Emergency Contact: Name \_\_\_\_\_ Phone \_\_\_\_\_

**Class Desired:**

**Circle First Choice:**

**Circle Second Choice:**

\_\_\_\_\_

Session I; Session II

Session I; Session II

\_\_\_\_\_

Session I; Session II

Session I; Session II

Mail to:

Laura Childress  
104 Running Cedar Circle  
Richmond, VA 23229

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# KRA 2011 Dive Team Registration

**Parents: Last Name** \_\_\_\_\_

**Mother** \_\_\_\_\_ **Father** \_\_\_\_\_

**E-mail:** (Important to receive communications!) \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Emergency Contact: Name: \_\_\_\_\_ Phone \_\_\_\_\_

**Fees: Dive Team—\$70 (Seniors—\$50)** Fees for Dive Team Membership include the following: JRAC league dues, which cover cost of meets & operations; operating expenses; team socials; and a Dive Team T-shirt. Since we are **pre-ordering T-shirts** this year, please provide shirt size(s) where indicated- **Youth** Small, Medium, Large or **Adult** Small Medium Large or X

Child's Name	Date of Birth	Gender (circle one)	T-shirt Size (sizes above)	
1.		M      F		
2.		M      F		
3.		M      F		
4.		M      F		

Special Conditions: The coaches should be aware of the following special conditions concerning my child (allergies, physical condition, medications taken on an ongoing basis, or other needs):

**Attendance** at all meets is strongly encouraged; however we know that is not always possible. If you anticipate your child will be unable to compete, please indicate dates below to help the coaches plan for each meet.

### 2011 Dive Meet Schedule:

**June 23-meet 1, June 30-meet 2, July 7-meet 3, July 14-meet 4, July 19-meet 5**

I/we represent and warrant to Kanawha Recreation Association ("KRA") that the undersigned is/are the mother/father/legal guardian of the above named child/children and I/we have provided all information requested above regarding my/our child/children. I/we further authorize KRA to use the names of my/our family or any member thereof, as well as photographs and/or video clips of my/our family or any member thereof for KRA newsletters and website for the promotion of the KRA Aquatics and other events of KRA. Furthermore, I/we hereby release and hold harmless KRA, its directors, officers, employees and volunteers from any and all acts, actions, claims, causes of action, demands or liability of whatever nature or kind, whether known or unknown, including actual, consequential and punitive damage, on account of, relating to or arising from any matter or source whatsoever, regarding the use by my/our family of the KRA facilities and our participation in the KRA programs on and off the property of KRA.

Print Name \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

**If you choose to mail in your registration, you will receive an e-mail about opportunities for volunteering for meets and socials. May 22nd is OPEN REGISTRATION DAY from 1-3 pm along with Swim Team. We will have the volunteer sheets available at that time for sign up. If you do not choose a volunteer date, one will be assigned to you. Thanks for your help - meets and socials require extra hands so we appreciate your willingness to help make our season great for the kids!**

# KRA Tennis Registration Form \* Clinics/Camps/Jr. Teams

## To register, please:

1. Complete bottom portion of the form.
2. Enclose your signed nonrefundable check for the total amount, made payable to KRA.
3. Mail form and check(s) to Wendy Daniel, 7208 Pinetree Rd, Richmond, VA 23229
4. Parents are expected to volunteer to help with Bantam and Intermediate teams.

Please fill out the following information to help us adequately provide quality tennis instruction.

Register early to reserve your spot. Space is limited for clinics (8) Minimu and (12) maximum in each clinic.

### Please Print Neatly

Parents' Name: \_\_\_\_\_ Email\* \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell phone: \_\_\_\_\_

**Registration:** Students are accepted on a first come/first serve basis. Full payment must accompany the registration below. **Cancellations/Withdrawals:** Must be received prior to the start of the program and are subject to a \$40 service charge. If a student cancels/withdraws due to injury, illness or any other reason after the start of the program, **NO refunds will be issued. NO REFUND will be given for missed classes. Your registration will be confirmed by email so please check your email in case the clinic you signed up for is full. \*Email address is required for registration to be processed. If you do not provide your email on your registration we are not able to register you or your child.**

Check one or more that apply to your registration:

Clinic(s)

Team: Bantam or Intermediate Junior Teams

Camp : KRA "all kids" Camp June 21-25 or August 23-27

Camp : KRA "Junior Team -3 day (bantam & intermediate" June 22-24

Name of player Age/Sex Clinic Name, Day & Time Team Name Camp/Dates Fee

- 1.
- 2.
- 3.
- 4.
- 5.

Total Amount Enclosed \$ \_\_\_\_\_

Does your child have any medical conditions that we should be aware of? \_\_\_\_\_

If yes, please explain below. Additional comments or Questions:

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**RELEASE:** By signing this document, I agree to hold Kanawha Tennis and Kanawha Recreation Association harmless for injury or loss that may occur as a result of my participation in Kanawha tennis activities. I have read and accept the conditions stated above.

\_\_\_\_\_  
Parent's Signature Date

**\*IMPORTANT:** All communications (confirmations, changes, etc.) will be via e-mail.

**Make checks payable to KRA, sign check, mail to Wendy Daniel, 7208 Pinetree Rd, Richmond, VA, 23229.**

Return by June 8; Incomplete forms will not be processed

**\*\*NO REFUNDS will be issued after each session begins.\*\* (note this is a new policy)**

**Questions: Wendy Daniel 285-1874 or Jamie Morgan 690-8112**