Please mail this form and your payment to:

**BRAEMAR BLASTERS SWIM TEAM**
**12841 Braemar Village Plaza PMB 55**
**Bristow, VA 20136**

The 2010 Winter Swim Session will be held at the **NEW** Manassas Park Community Center, located at 99 Adams St., Manassas Park on **SATURDAY** afternoons beginning in January. Please note that spaces are limited and do fill quickly. Registration is accepted on a first come first serve basis. Registration MUST be accompanied by a check or your registration will be returned to you. **There will be no in-person registration.**

**SWIM SESSION DATES:**

Jan 16, 23, 30, Feb 6, 13, 20, 27, Mar 6, 13, 20, Apr 10, 17, 24, May 1, 8, 15, 22

| | | |
|---|---|---|
| **Proposed Schedule:** | 3:00-3:30 | Microblasters |
| (may be adjusted based on registration) | 3:30-4:00 | Microblasters |
| | 3:00-4:00 | 8 & Under (Developmental) |
| | 4:00-5:00 | 10 & under |
| | 5:00-6:00 | 11& Over |

**Requirements:**

**Microblasters** must be: comfortable separating from parents, comfortable in the water, able to submerge head and swim 3yd. unsupported. They must also posses a willingness to learn.
**Age Group** children **MUST** be able to swim **25 meters** unassisted and not have a fear of water over their heads.

**Swimmers Name**_____DOB_____AGE_____M/F_____
**Micro** 3-3:30pm____**or** 3:30-4pm___**8& under** 3-4pm____**10&under** 4-5pm____**11&up** 5-6pm____
**Swimmers Name**_____ DOB_____AGE_____M/F_____
**Micro** 3-3:30pm____**or** 3:30-4pm___**8& under** 3-4pm____**10&under** 4-5pm____**11&up** 5-6pm____
**Swimmers Name**_____ DOB_____AGE_____M/F_____
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**Swimmers Name**_____ DOB_____AGE_____M/F_____
**Micro** 3-3:30pm____**or** 3:30-4pm___**8& under** 3-4pm____**10&under** 4-5pm____**11&up** 5-6pm____

**FEES:**

**MicroBlasters** (30min.) **$80** **Age Group Blasters** (1 hour) **$130**

Medical Conditions_____
Emergency Contact_____
Address_____City_____Zip _____
E-mail_____Phone_____
Parent(s) name_____

## Participation Agreement

I acknowledge I agree to abide by all facility rules and regulations. I give my permission for my child/ren's picture to be used on the team website and/or in local team promotional publications or advertisements. I represent that my child has no life-threatening conditions. I know that swimming and water activities involve a degree of risk; by participating in the program, I accept all risks associated with the use of the facility and participation in the program. If the participant is a minor, I accept all risks on his/her behalf as parent/legal guardian. I hereby release the Braemar Blasters, its Board members, coaches, volunteers, the City of Manassas Park and its employees, and independent contractors for any and all damages for personal Injury arising in any way from use of the facility or participation in the program. I hereby give my permission for the swimmers listed above to be administered any and all medical attention necessary in the event of an accident, injury, sickness, etc. under the direction of his or her coaches until such time as I can be contacted. I agree to look solely to my insurance carrier to pay any damages I suffer. If the participant is a minor, I execute this release on his/her behalf as his or her parent/legal guardian. I acknowledge fees are non-refundable after January 25, 2010.

SIGNATURE: _____DATE: _____
Parent/Legal Guardian

FOR TREASURY USE ONLY: DATE:_____AMT PD:_____INITIALS:_____
SWIMMER(S):_____CASH:_____ CHECK#_____
NAME ON CHECK IF DIFFERENT THAN THAT OF SWIMMERS(S):_____