

Make Checks Payable to : UVA Intramurals

YOUTH PROGRAMS

University of Virginia
 Intramural-Recreational Sports
 434.924.3791
 www.virginia.edu/ims

Child's Last Name	First	Nickname	Sex	Age	Birthday	Swimming's Cool T-shirt Size Youth XS S M L XL Adult S M L	
Local Mailing Address			City		State	Zip	

Parent(s) Information (Member Parent, if applicable)			Please Mark All That Apply: (M) Mother; (F) Father			
Last Name	First		Recreation Member		Non-Member	
Home Phone	Work Phone	E-mail Address	<input type="checkbox"/> UVA Student	<input type="checkbox"/> Faculty	<input type="checkbox"/> Faculty	<input type="checkbox"/> Spouse
			<input type="checkbox"/> Staff	<input type="checkbox"/> Spouse	<input type="checkbox"/> Staff	<input type="checkbox"/> Other
			<input type="checkbox"/> Other			
Messenger Mail Address:	Department	PO Box #	Card # _____			

YOUTH SWIMMING	Ages	SESSION *	TIME	FEE	YOUTH SPORTS	SESSION	TIME	FEE
Gold Fish	Infant or Toddler							
Purple Minnow								
Red Snapper	4-5 or 6 and up							
Green Dolphin								
Blue Whale								
Silver Shark								

* Only applicable for Swimming's Cool	TOTAL REGISTRATION FEE	
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Informed Consent, Risk of Injury, and Authorization For Emergency Treatment and Transportation

I/We, the undersigned as the parent or legal guardian of the child listed on this application, in consideration of this request give permission for my son/daughter to participate in the program offered by Intramural-Recreational Sports Department. I understand and acknowledge by allowing my child to participate in this activity that the risk of injury may exist and medical treatment may be necessary.

I/We, in the case of an emergency when we can not be reached, I/we hereby give authorization to the University of Virginia, its employees and agents, and the treating physician to obtain or provide whatever medical treatment deemed necessary for the immediate welfare of the child listed on this application.

Conditions of Enrollment: I/We have read, understand and agree to the terms and conditions on this application as it's related to my child. I/We understand it is my responsibility to provide accident and health insurance coverage for my child and we will be financially responsible for all charges and fees for emergency medical treatment, regardless of whether my medical insurance covers such charges and fees.

My child has the following medical conditions, allergies, or medications that emergency personnel would need to know about:

Parent/Guardian Signature(s): _____ Date: _____

Refund Policy: Cancellation of enrollment must be requested at the IM-Rec Sports department office at least two business days before the first day of class. We are unable to issue refunds after a class has begun.

Access Card #: _____

Staff Name: _____

VALIDATE HERE: