



Want to get a head start on high school swimming?

For swimmers 13 & Up

NOVA's High School Prep practice group is designed for swimmers who enjoy the fitness benefits of the sport but want to balance the demands of swimming with other activities.

It's a great way to prepare for the high school season. Structured practices, led by a NOVA coach, focus on stroke and turn technique plus conditioning. Swimmers must have knowledge of all four strokes plus some summer league or year-round experience.

Program is limited to 30 participants per session – first come, first-served! Come to the first practice ready to swim! Fall session cost is \$225.

Swimmer Name: _____ Date of birth: _____
Address: _____
Parent Name(s): _____
Home Phone: _____ Cell Phone: _____
Emergency Contact (Name/Phone #): _____
Email: _____

Submit your check, payable to NOVA, to the Business Office or mail to 12207 Gayton Road, Richmond, Virginia 23238 or drop off in the RED payment box outside the office door.

For insurance reasons, you must complete the waiver form (on the reverse side of this page) prior to practicing.



FALL 2019 High School Prep

Practice at NOVA twice a week

September 17 – October 29

on Tuesdays and Thursdays
from 8:15pm to 9:30 pm

Registration and Waiver Form – High School Prep 2019



Name _____

Male Female Birthdate _____ Grade _____ School _____

Parent/Guardian Name _____ Phone _____

Address _____

Email _____

Emergency Contact Name #1 _____ Phone _____

Emergency Contact Name #2 _____ Phone _____

Allergies: Yes No If yes, please state specific allergen, reaction, and treatment:

If 'yes', please note below that a guardian may be required to stay.

Agreement and Waiver of Liability and Release

- I affirm that I have the authority to enter into this agreement on behalf of the child (“my child”) identified above.
- In permitting my child to swim at NOVA, I affirm that my child has no known medical problems or conditions that prevents his/her full participation in NOVA activities and programs, and I accept full responsibility for my child’s participation in the program.
- If my child has an allergy or medical condition that requires emergency medical care, I agree that my child will be accompanied by an adult eighteen years or older, who will stay on the NOVA premises during the duration of the practice.
- In signing below, I consent and authorize the administration of emergency medical care on my child in the event that I am not available or cannot be reached.
- **ASSUMPTION OF RISKS** - In spite of the risks associated with swimming and in participating in the activities provided or occurring at NOVA, and in consideration of being allowed to participate in those activities, on behalf of myself and my child, I FREELY AND VOLUNTARILY AGREE TO ACCEPT AND ASSUME ANY AND ALL RISKS OF INJURY OR DEATH that may result from my child entering NOVA’s facility and from participating in any activities provided or occurring at NOVA.
- I hereby agree that I will not institute or commence any action or litigation based upon, and I hereby release NOVA and its members, officers, directors, employees and agents from any and all liability arising from or connected with, any claim (presently existing or hereafter arising) resulting from any personal injury (including death) to my child caused by any reason whatsoever during my child’s participation in NOVA activities or programs. I hereby agree to hold harmless NOVA, and its members, officers, directors, employees and agents from and against any and all claims, losses, damages, costs and all other expenses (including attorney’s fees) in connection with any personal injury (including death) or property damage arising out of or resulting from my child’s participation in NOVA activities and programs, or resulting from my failure to comply with the terms of this Agreement.

Parent/Guardian Signature _____

Date _____

Parent/Guardian Printed Name _____