

# Northern Virginia Nereids Synchronized Swimming Club REGISTRATION (2011-2012)



Hello Present and Future NVN swimmers,

We are very excited about the upcoming synchro season! We have made some changes to our synchronized swimming program in order to better meet the needs of all of our swimmers.

In preparation for the season, each swimmer will need to complete a registration form and submit a **non-refundable registration fee of \$150** with their registration. This fee will cover the USA synchro registration (required for all swimmers) as well as cover administrative and capital equipment costs. Mail registration fees to: 37885 Campbell Clan Ln. Purcellville, VA 20132. Make checks payable to: NVN.

Following is the practice schedule and costs by level per month for the upcoming season.

Swim schedule		Cost Per month
Novices (All ages)	Mon. 6-8PM	<b>\$99</b>
Intermediates (All ages)	Tues. and Thurs. 6-8PM	<b>\$170</b>
Age Group (All ages)	Tues. and Thurs. 6-9PM Sat. from 7-10AM	<b>\$306</b>
Jr. Sr. Team (Invitation Only)	Mon. 6-8:30PM, Tues. and Thurs. 6-9pm, Sat. 7-10AM	<b>\$391</b>

\*Costs **do not** include personal equipment for your swimmer, new competition suit(s), registration fees for competitions or travel fees for meets (for AG and Jr/Sr Teams).

\*Please visit our website at [www.nvnsynchro.com](http://www.nvnsynchro.com) for the online calendar for no-swim days and holidays.

The first 3 practices September 12<sup>th</sup>, 13<sup>th</sup> and 15<sup>th</sup> from 6-8pm will be "Try Synchro" days. Your swimmer can attend practice to determine if synchro is for them. If you are interested in the "Try Synchro" option, please fill out the appropriate form also attached to this email.

Please feel free to contact me with additional questions.

## **Desiree Voegele**

Acting President

[president@nvnsynchro.com](mailto:president@nvnsynchro.com)

Treasurer

[treasurer@nvnsynchro.com](mailto:treasurer@nvnsynchro.com)

(703) 965-8200



**Northern Virginia Nereids Synchronized Swimming Club  
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Medical History Questionnaire and Medical Release  
(NVN 2011-2012)**

**PLEASE CHECK THE CORRECT ANSWER. ALL INFORMATION IS CONFIDENTIAL.  
"You" in the questions refers to the athlete.**

**Yes    No**

		Are you allergic to any general medication (i.e. Aspirin, sulfa, penicillin, etc)? If so, please indicate what medication. _____
		Are you currently on prescribed medication on a permanent or semi-permanent basis? If so, please indicate name of medication and why prescribed. _____
		Have you ever experienced an epileptic seizure or been informed that you might have epilepsy?
		Have you ever been treated for infectious mononucleosis, viral pneumonia, or any other infectious disease during the past 12 months? If so, please indicate which diseases: _____
		Have you ever been treated for diabetes?
		Have you ever had rheumatic fever?
		Have you ever been told that you have a heart murmur?
		Has a medical doctor ever informed you that you have asthma? Treatment received: _____
		Have you ever been "knocked out" or experienced a concussion during the past 3 years? If yes, please describe the date, nature of the occurrence and medical treatment received. _____
		If answer to question 9 is yes, did the attending physician have you stay over-night in a hospital? If yes, give dates and details. _____
		Have you ever had an injury to the neck involving nerve, vertebrae (bones), or vertebra disc? If yes, give date, nature of occurrence and medical treatment received. _____
		Do you wear eyeglasses or contact lenses? If so, do you wear glasses, contacts or both? _____
		Do you wear any dental appliance? If yes, indicate appliance type (i.e. permanent bridge, permanent crowns, braces, implants, etc) _____.
		Have you had a fracture in the past 2 years? If so, indicate site of fracture and date. _____
		Have you had an injury to your back? If yes, please explain nature of injury. _____
		Have you had a shoulder dislocation, separation, or other shoulder injury or shoulder surgery? If Yes, please explain nature if injury. _____
		Do you experience pain in the back? If yes, indicate frequency. (Seldom, occasional, frequent, with heavy lifting, with vigorous exercise.) _____
		Have you experienced any kind of injury or surgery involving the knees or the ligaments, tendons or cartilage involving the knees? If so, please describe dates and nature of injury(s) _____
		Have you experienced a severe sprain of either ankle? If so, please describe nature of injury. _____
		Do you have a pin, screw, or plate somewhere in your body as a result of bone or joint surgery? If yes, indicate anatomical site and date of surgery. _____
		DO YOU HAVE ANY SIGNIFICANT MEDICAL CONDITIONS THAT HAVE NOT BEEN MENTIONED ABOVE OR THAT WOULD PROHIBIT THE SWIMMER FROM FULLY ENGAGING IN PRACTICE? IF YES, PLEASE EXPLAIN. (Use additional sheets if necessary) _____

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**MEDICAL TREATMENT RELEASE (NVN 2011-2012)**

TO WHOM IT MAY CONCERN:

I \_\_\_\_\_ grant permission, for my  
daughter Or son \_\_\_\_\_ to travel unaccompanied by a  
parent or guardian with the Northern Virginia Nereid's coaches and approved chaperones  
to competitions and clinics at sites other than Fairfax county RECenters during the  
2011/2012 season. The above mentioned adults have the authority to see that my  
daughter/son, has medical and/or dental attention as needed. Her/his parents(s) or  
guardian(s) will pay all resulting expenses.

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Electronic Signature of Parent/Guardian