

BRYNWOOD SWIM TEAM "TIDE"

REGISTRATION FORM

BSC MEMBER BSC NON MEMBER ASL

Please Print Clearly Ages as of June 1st

Please indicate shirt sizes YS, YM, YL, AS, AM AL, AXL

Swimmer's Name _____ DOB _____ Age _____ Shirt Size _____

Swimmer's Name _____ DOB _____ Age _____ Shirt Size _____

Swimmer's Name _____ DOB _____ Age _____ Shirt Size _____

Parent's Names _____

Home Phone _____ Cell Phones (both parents) _____

Address _____ E-mail _____

Please indicate here if parents or non-swimming siblings would like a Brynwood Swim Team t-shirt, they will be \$12.

1) Shirt Size _____ Qty. ____ 2) Shirt Size _____ Qty. ____ 3) Shirt Size _____ Qty. ____

Total Extra Shirts: _____ x \$12 = Total Due: _____

Likely Practice Times (coaches planning purposes): Morning _____ Evening _____

Morning: 6 & Under: 8:30-9:15; 7-10: 9:15-10:00; 11 & Up: 10:00-11:00 **Evening:** 11 & Up: 5:45-6:30; 7-10: 6:30-7:15; 6 & Under: 7:15-7:45

SWIM TEAM FEES: (swim cap & t-shirt included)

BSC Members: \$65 1st registrant (\$5 discount for each sibling), \$50 for ASL swimmers (no \$5 discount for ASL siblings).

Non-BSC Members: \$110 1st registrant (\$5 discount for each sibling), \$50 for ASL swimmers (no \$5 discount for ASL siblings).

Check# _____ Amount _____

Emergency & Medical Information

Parent/Guardian Names _____

Emergency Contact Name _____ Phone _____

List medical problems/prohibitions each swimmer has _____
(Allergies, asthma, physical impairments, or other medical conditions)

Current Medication each swimmer is taking _____

EMERGENCY MEDICAL RELEASE: Should a medical emergency arise during my child's/children's participation in a CSRA Swim League sponsored activity. I understand that reasonable effort will be made to contact me or the emergency contact at the phone numbers listed above. If I cannot be reached or if it is believed that my child's/children's life (lives) or health may be adversely affected by the delay that an attempt to contact me would cause, I consent to the administration of medical treatment and/or surgical procedures deemed necessary by the medical doctor and/or medical facility. I also consent to the immediate administration of life sustaining measures deemed necessary under the circumstances.

RELEASE FROM LIABILITY: My child/children are currently in good physical condition and can participate in all swim activities, unless prior written notification is delivered to the Swim Team Committee. Should any illness or accident occur to my child/children during swim team activities (including travel), I hereby and in advance, waive release, and discharge any rights and claims for damages which child my have against the CSRA Summer Swim League, the Brynwood Swim Team or agents/representative thereof. I authorize any emergency treatment and agree to be responsible financially for charges thereof.

Parent Signature

Date

Witness Signature

Date

PARENT VOLUNTEER COMMITMENT

The swim team program can only be successful with the support of the parents. There are many volunteers needed for every meet. To adequately staff each meet, one parent from each family will be required to volunteer for a minimum of one-half of each meet in which your child is a participant. We are required to staff every meet with volunteers, whether it is at home or away.

COMMITMENT OF PARENTS: I understand I will be required to donate my time to the operation of the Brynwood Swim Team and to work ½ of each meet in which my child(ren) participates. Parents of swimmers 8 & under must commit to Shepherd 2 of the 4 meets.

Parent Signature

Date

Volunteer Preferences: Please indicate those job assignments which you prefer. This will help our Volunteer Coordinator plan for areas we may need to recruit additional help! For those who indicate Starter/Referee or Stroke & Turn Official, you must be certified.

- | | |
|--|---|
| <input type="checkbox"/> Stroke & Turn Official | <input type="checkbox"/> Runner |
| <input type="checkbox"/> Timer | <input type="checkbox"/> Concessions |
| <input type="checkbox"/> Scoring Table Help | <input type="checkbox"/> Meet Setup |
| <input type="checkbox"/> Event Turner | <input type="checkbox"/> Swimmer Check-In |
| <input type="checkbox"/> Starters | <input type="checkbox"/> Candyman/Waterboy (Candywoman/Watergirl) |
| <input type="checkbox"/> Delivering Benches for Away Meets | |
- 8 & Under Shepherd—Mandatory for one parent from each family with an 8 & Under swimmer to Shepherd for at least one half of two meets. Please place a check next to the two meets you are committing to fulfill this obligation:**
- | | |
|--|--|
| <input type="checkbox"/> Tues 5/30 (@ Riverwood) | <input type="checkbox"/> Tues 6/6 (vs. Hammond Hills) |
| <input type="checkbox"/> Tues 6/13 (vs. Houndslake) | <input type="checkbox"/> Tues 6/20 (@ Montclair) |

2017 Meet Schedule If any swimmer(s) will definitely NOT be able to participate in a meet, please indicate the name(s) next to the appropriate date. If presently unsure, please let the coaches know as soon as possible.

Thurs, May 25 @ 6:30 PM	Time Trials @ Brynwood	All new swimmers and 11 year-olds aging up to swimming 50's at meets
Tues, May 30	Brynwood @ Riverwood	
Tues, June 6	Hammond Hills @ Brynwood	
Tues, June 13	Houndslake @ Brynwood	
Tues, June 20	Brynwood @ Montclair	
Sat, June 24	Division 1 Championships	8 AM Warm-ups; 9 AM Meet Start
Mon, June 26	CSRA All-Stars	Times TBD