

2012 CHESAPEAKE SERPENTS SWIM TEAM SWIMMER REGISTRATION

(Please Print)

(AS OF 6/15/12)

Name: _____ M/F Age: ____ DOB: ____ - ____ - ____

Name: _____ M/F Age: ____ DOB: ____ - ____ - ____

Name: _____ M/F Age: ____ DOB: ____ - ____ - ____

Name: _____ M/F Age: ____ DOB: ____ - ____ - ____

Parent(s) name(s): _____

Address: _____

Home PH: _____ Cell PH: _____

E-mail: _____

Medical Information: If the swimmer(s) registered above is currently on any medication, i.e. insulin, inhaler, etc., or has any condition that the coach should know about please list: _____

Family Physician: _____ Phone #: _____

I hereby give my consent and approval for my child to participate in the 2012 CGC Swim Team Program. I will not hold the VBSL, it's officers or directors, or the CGC Swim Team Staff or Volunteers, or CGC Staff responsible in the event of an accident or injury as a result of this participation at any meets home or away, or at any practices.

I also acknowledge that all of the above medical information is accurate and in the event that I cannot be reached in an emergency, I hereby give my permission to the physician named above or, if not available, the physician selected by the adult in charge to hospitalize, secure proper treatment for, or to do anything reasonably necessary to medically attend to my child.

In order for my child(ren) to be a member of the Serpent Swim Team, I hereby agree to the following:

1. My 5-8 year old child(ren) must be able to swim the length of the pool unassisted and with minimal stops by 6/23.
2. My 9-18 year old child(ren) must be able to swim 50 meters without stopping.
3. My child(ren) will attend and participate in a minimum of three practices per week unless out-of-town.
4. My child(ren) will participate in at least 2 meets. (3 meets required for eligibility for Divisional meet.)
5. My child(ren) will cooperate and show respect to coaches, parents and teammates.
6. I will volunteer to work at a minimum of 2 full meets (4 half meets).
7. I will participate in fundraising activities. Our only fundraiser this year will be selling concessions at our home meets.

Swimmer Signature: _____

Swimmer Signature: _____

Swimmer Signature: _____

Parent Signature: _____ Date: _____

(over)

Pool Membership:

The new club fees are as follows (circle one). **Separate check payable to: Chesapeake Golf Club.**

Pool Season is May 29th - September 3rd

- 1) Full access to pool during pool season:
Family w/ Swim Team Member \$299.00

- 2) Access to pool only during swim team practices and events:
Swim Team Members \$100.00 for the first child; \$25.00 per child after that, but not to exceed \$150.00/family.

Swimwear:

		Please Circle Size	Quantity	Total
Suit - female	\$43.00	Youth -22, 24, 26, 28 Women's- 26, 28, 30, 32, 34, 36, 38		
Suit-male	\$28.00	22, 24, 26, 28, 30, 32, 34, 36, 38		

Payment for swim team registration and swimwear due at registration.

Checks payable to: Chesapeake Serpents

Staff Use Only

Swim Team Cost = 1= \$65 2= \$125 3= \$180 (circle one)

Total Swimwear Cost = \$ _____

Total Payment Due Today = \$ _____

CHECK # _____ CASH \$ _____ RECEIVED BY: _____ DATE: _____

Volunteer dates: 2 full meets (4 half meets)

- 1.
- 2.
- 3.
- 4.