

**MAPLEWOOD SWIM CLUB SWIM AND DIVE TEAM REGISTRATON FORM 2011**

PARENT/GUARDIAN: \_\_\_\_\_  
 (Last Name) First (Both parents)

ADDRESS: \_\_\_\_\_

BOND NUMBER: \_\_\_\_\_

<p><b>OFFICIAL USE:</b>                  Date: _____                  Check #: _____                  Amount Paid: _____</p>
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EMAIL ADDRESS: \_\_\_\_\_

Swimmer/ Diver Name	Birthdate	Age as of 6-1-11	Female / Male (F/M)	Swim	Dive	Junior Swim	Fees

Fee Structure: **Sub Total:** \_\_\_\_\_  
 1<sup>st</sup> Swimmer or Diver \$90 **Raffle Fee (\$10):** \_\_\_\_\_  
 2<sup>nd</sup> Swimmer or Diver \$80 (or raffle fee due 6-22)  
 3<sup>rd</sup>, 4<sup>th</sup>, etc., Swimmer or Diver \$35 **Total:** \_\_\_\_\_

If your child is on both swim and dive team, add \$20 to individual fee noted above

Last Name: \_\_\_\_\_

Swimmer/Diver Name(s): \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone (Mother): \_\_\_\_\_ Cell Phone (Father): \_\_\_\_\_

Emergency Contact Name (if parent cannot be reached): \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

### MEDICAL INFORMATION

Health Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Major illnesses / recurring injuries or illnesses / allergies / current medications:

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### RELEASES:

As the parent and/or legal guardian of the above-mentioned minor(s), I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve life, limb or well being of my dependent(s).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I, the parent and/or guardian of the minor(s), recognize the possibility of physical injury associated with swimming/diving and consideration for the Maplewood Swim Club programs, I hereby release, discharge, and / or otherwise indemnify the Maplewood Swim Club against any claim by or on behalf of the minor(s) as a result of the minor's (minors') participation.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

My child's (children's) picture **may/may not** (please circle one) be published on the Maplewood website or other published material.

### Junior Swim Team - Requirements and Agreement

Junior swim team participants must be able to swim 1/2 length of the main pool (12.5 meters) unassisted in order to be on the junior swim team. Any child registered that fails to meet the above requirement will be removed from the junior swim team and their registration fees will be transferred to the swim lesson program at Maplewood Swim Club. There will be no cash refunds of registration fees. Children who progress above the basic skills of a junior team swimmer will, at the sole discretion of the swim team coach, be promoted to the competitive team.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Parent Volunteer

Your help is needed and appreciated throughout the entire swim season. Please indicate below the job(s) you are able to assist. If you are interested in a job that you have never done before, please indicate so and training will be provided to you. All parents of 8 and 10 & under swimmers will be assigned to work Ready Bench for at least one swim meet. You will be randomly assigned a date for a snack bar donation.

Indicate 'M' for Mom, 'D' for Dad, 'B' for Both:

_____ Timer	_____ Ready Bench	_____ Diving Table **
_____ Stroke & Turn Judge *	_____ Announcer	_____ Diving Judge **
_____ Finish Judge	_____ Computer Scorer	_____ Time Recorder
_____ Runner	_____ Score Table	_____ 50/50 Sales
_____ Snack Bar	_____ Clothing Sales	

\* Stroke and Turn Judge must attend a clinic offered in June, dates to follow.

\*\* Parents of divers are needed for all meets. There will be a diving clinic you must attend. It is tentatively scheduled for Monday, June 20<sup>th</sup>, 6:30pm)

Comments: \_\_\_\_\_  
\_\_\_\_\_

### PLEASE CIRCLE THE MEET DATES THAT YOU KNOW YOU WILL NOT BE ABLE TO WORK/ATTEND:

Sat, June 25	Tues, June 28	Sat, July 9	Tues, July 12
Fri, July 15	Tues, July 19	Thurs, July 21	

You will be notified via email of the meet worker schedule and snack bar donation schedule. There will also be a schedule posted on the swim team bulletin board.

Please find a replacement if you are unable to work on a scheduled date or make scheduling changes with another parent. Please notify us via email so we can update the schedule.

If your child is swimming in champs, you will be assigned to work a portion of the meet.

**Additional help...** please check here if you are able to help the swim team on these days:

_____ Intersquad Meet, during morning practice time, either 6-22 or 6-23	
_____ Swim Marathon, 6-29	_____ Family Day, Sat, 7-2
_____ Picture Day Thurs, 7-7	_____ Tupperware Fundraiser
_____ Applebees Breakfast,7-10	_____ Lunch Bunch 6-29,7-11