

**Ashcreek Swim Team  
2010 Early Registration Form – Page 1**

Please complete pages one and two of this form for your family and an individual health information form for each child. The registration fee is \$60 for the first child, \$50 for the second child and \$20 for the third child registered (no charge for additional children registered). Early registration forms must be received by March 31, 2010. No payments are required with early registration. Payments will be received at final registration (Sunday, April 25<sup>th</sup> from 1:00 p.m. – 3:00 p.m. or Tuesday, April 27<sup>th</sup> from 6:00 p.m. – 7:00 p.m.). **Registration forms received after March 31<sup>st</sup> will be assessed a \$25 surcharge. Registration forms received after April 27, 2010 will be assessed a \$50 surcharge.**

PLEASE PRINT CLEARLY

Swimmer's Name Last, First MI	Preferred Name	Sex	Date of Birth	Age as of 6/1/2010	Fee
1.					\$ 60
2.					\$ 50
3.					\$ 20
4.					\$ 0
5.					\$ 0

Swimmer's Address					
Mother's Name			Mother's e-mail		
Mother's Phone #	(H)	(W)		(C)	
Father's Name			Father's e-mail		
Father's Phone #	(H)	(W)		(C)	

\_\_\_\_\_

Parent/Guardian Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Parent/Guardian Printed Name



**Ashcreek Swim Team  
2010 Individual Registration Form – Page 3  
(Complete one sheet per swimmer)**

Child's Name \_\_\_\_\_ Parent's Name \_\_\_\_\_

- |   |     |    |
|---|-----|----|
| 1. Does your child have any prior swim team experience other than Ashcreek? | Yes | No |
| 2. Did your child swim competitively during the winter of 2009 - 2010?      | Yes | No |
| 3. Did your child swim for another team during the summer of 2009?          | Yes | No |

If you answered yes to questions 2 or 3, please provide your child's best times prior to June 1st, 2010 on appendix "A". If we do not report best times to GRAL, Ashcreek can be assessed a \$50 fine per swimmer.

**Photography Release**

If the opportunity arises, may we publish your child's picture in local news media or on the web site?  
 \_\_\_\_ Yes, you have my permission to publish my child's picture in local news media and/or on the team's web site.

Initials \_\_\_\_\_

\_\_\_\_ No, do not publish my child's picture.

Initials \_\_\_\_\_

**HEALTH INFORMATION**

- Does your child have any allergies? Yes \_\_\_\_ No \_\_\_\_  
If yes, what type? \_\_\_\_\_
- Does your child carry an inhaler? Yes \_\_\_\_ No \_\_\_\_
- Does your child carry an Epi-Pen? Yes \_\_\_\_ No \_\_\_\_
- Does your child have any medical conditions that the Ashcreek swim team should know about?  
\_\_\_\_\_  
\_\_\_\_\_

Emergency Contact Information						
Name				Relationship to swimmer		
Contact #	(H)		(C)		(other)	

The Ashcreek swim team reserves the right to remove a swimmer from practice or a swim meet if a medical condition should develop that impacts participation on the swim team.

Initial \_\_\_\_\_

I hereby state that my child \_\_\_\_\_ is physically fit to participate on the swim team and that my child has no medical conditions that I know of that would cause harm if he/she participates on the swim team. If any such condition arises between now and the end of swim season, I will promptly notify the coaches and parent representative so that appropriate precautionary measures can be taken.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Parent Name \_\_\_\_\_

**Ashcreek Swim Team  
2010 Family Registration Form – Page 2**

**REFUND POLICY**

All refund requests must be made in writing, signed by the parent, and hand delivered to swim team Chair Person or Co-Chair Person before the refund deadline. 50% refund if request is received by **5:00 pm on June 1, 2010**. **After June 1, 2010 at 5:00 pm, NO REFUNDS WILL BE ISSUED.**

Initial \_\_\_\_\_

**VOLUNTEER REQUIREMENTS**

I understand that parental participation is essential to the success of the Ashcreek swim team. I agree to sign up and fulfill my required volunteer shifts. Shift requirements will be based on the number of swimmers registered. I also understand that it is my responsibility to find a substitute if I am unable to fulfill one of my assigned volunteer shifts. **If I am unable to fulfill my volunteer requirement and I do not find a substitute for my position, I realize that my child will not be able to swim the next meet. Disputes must be presented to the Board in writing.**

Initial \_\_\_\_\_

**SUPERVISION**

I understand that swim meets are not drop off sites for my children. I agree to attend all swim meets with my child(ren) and I agree to supervise my child(ren) at all swim meets at all times. If I am working a shift, I agree to have a designated adult or spouse responsible for supervising my child(ren). I understand that any child under 10 years of age must be supervised by a parent or designated guardian during all practice sessions.

Initial \_\_\_\_\_

**PHONE TREE**

For the 2010 swim season, we will be implementing a "phone tree" notification system. This system will be used for weather notifications, practice changes, etc. Please provide up to 2 phone numbers that you would prefer for this notification system.

\_\_\_\_\_

**HOLD HARMLESS AGREEMENT**

I \_\_\_\_\_ agree to indemnify and hold harmless the Ashcreek swim team, Inc., Board of Directors, Officers, Agents, Coaches, Volunteers and other associated persons from any and all liability stemming from and arising from this amenity, youth swimming. I also recognize that the sport of swimming does contain risks and I am fully aware of those risks. I agree that I will be responsible for any property damage done to the Ashcreek Pool Complex area including the parking lots as well as any damage done to other facilities we visit within the GRAL organization that is committed by my child(ren) or guest. I agree that I will be responsible for any and all insult or injury that my child(ren) or guest may commit to other team members, their families, and guests as well as other persons associated with visiting teams. If I or a member of my family or my guests commits any damage, injury or insult, I hereby accept and am responsible for restitution and agree to pay any financial requirements.

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_

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