

2018 SWSTC SWIM & DIVE TEAM REGISTRATION

1) Please read and check one of the following:

Check here if at least one member of your family is a returning swimmer(s)/diver(s).

- If any contact information has changed, add it in the appropriate spaces below; otherwise we will assume all information is the same as previous year(s).
- If you are adding another swimmer/diver, simply add their information below.

Check here if this is a brand new registration: no one in your family has ever been registered with the Sharks, and then please fill out all contact information below.

2) Athlete(s)

Full Name (include preferred name if applicable)	Gender	Date of Birth	Swim Team, Dive Team or Both?

3) Contact Information: please indicate which phone should be used in case of emergency

Mother/guardian full name, cell phone & home number	
Father/guardian full name, cell phone & home number	
Email address(es) you want to use for team communications	
Emergency contact (name and phone number) in case parent(s) cannot be reached	
Any health or medical concerns the coaching staff should be aware of? (Share at your discretion.)	

4) Fees

- **\$40 per swimmer/diver** (one fee for both teams)
- **\$50 work deposit check per family**
 - This check will be destroyed at the end of the season after you have fulfilled your 3 regular meet and 1 championship work requirement (working half a meet = 1 work slot fulfilled; can be fulfilled timing, ribbons, scoring, concessions, etc.). If you do not fulfill your mandatory work requirement your check will be cashed. Please sign work agreement below.
- **\$5 late fee** for registrations received after June 15.
- Make checks payable to **SWSTC**.
- Mail the completed registration form and payment with separate work deposit by June 15 to **Renee Bryan, 72 Frazer Fir Rd, South Windsor, CT 06074**

5) Work Agreement

By registering my child(ren) for swim/dive team, I acknowledge that we are part of a team whose existence relies on volunteers, and that my that my family is responsible for working at least 3 regular meet and 1 championship work slots (half a meet = 1 work slot). I understand these hours are distinctly separate from the 8 work hours required of all members of SWSTC. If these hours are not fulfilled, I acknowledge that my \$50 work deposit check will be cashed.

Signature of parent/guardian: _____ Date: _____

6) Waiver

I, the undersigned, parent or guardian of _____
(name/s of child/ren), give my permission and consent for above named child/ren to participate in all South Windsor Swim & Tennis Club swim and dive team activities.
PHOTO RELEASE: The SWSTC may take photographs and video of participants. I hereby assume and hold SWSTC, its directors, administrators, coaches, assistants, meet officials, and all other related persons harmless from any and all liability for any personal injury to my child that may arise out of said swim and dive team activities.

Signature of parent/guardian: _____ Date: _____