

**CHESTNUT OAKS RECREATION ASSOCIATION
SWIM TEAM REGISTRATION – 2011**

Fee: \$ 75.00 Early, \$85 Regular, \$95 Late Per Swimmer
(Early: May1-May 23, Regular: May 24-June 3, Late: after June 4)

| | | | |
|-----------------|------------------------------|--------------------------|-----------------|
| Swimmer: | | | |
| | Last Name | First Name | M.I. |
| | | | |
| | Preferred or Nickname | | |
| | | | |
| | DOB: | Age as of 6/1/11: | Sex: M F |

Home Address: _____

Home Phone: _____

******Parent email address: _____ (Very important as we will be sending information via email)**

Other email address _____

Parent or Guardian Information:

Mother: _____ Phone cell _____ work _____

Father: _____ Phone cell _____ work _____

* Is your child transferring from another GRAL swim team? Yes No

* Does your child have a medical condition that the coaches should be aware of?
Yes No
If Yes, Please describe condition: _____

* Will the swimmer be employed by Chestnut Oaks during the 2010 season and if so in what capacity: _____

* Will your swimmer be a graduating senior this year? Yes No
If so, what high school: _____

EMERGENCY INFORMATION AND RELEASE

Emergency Contact (other than parent)

Name: _____ **Phone #** _____

Relationship to Child: _____

Child's Physician Name: _____

Preferred Hospital: _____

In the event of an EMERGENCY, I hereby authorize the Chestnut Oaks Swim Team Coach or Parent Representative to seek medical attention for my child.

Parent Signature: _____ **Date:** _____

CHESTNUT OAKS RELEASE

I, the undersigned, being over twenty-one years of age and being the parent or guardian of _____, a minor, in consideration of the benefits that will accrue to said minor and to me by virtue of said minor's participation in the competitive swimming program conducted and sponsored by Chestnut Oaks Recreation Association (herein referred to as "Chestnut Oaks") do hereby covenant and agree with the Chestnut Oaks, its successors or assignees, that neither said minor nor I individually, or as parent of said minor, would ever institute any suit, action at law, or make any claim against the said Chestnut Oaks for or by reason of any damage, loss, or injury either to person or property or both which may result or occur to said minor, and arising out of the participation of said minor in practice sessions or competitive swimming meets at any and all locations other than the premises owned by Chestnut Oaks situated on Parham Road in Henrico County, VA, or arising out of the transportation of said minor to such practice sessions or competitive swimming meets.

And in further consideration of said benefits, I do hereby agree as an individual and as a parent of said minor that I will indemnify and save harmless the said Chestnut Oaks against any and all claims, actions or demands for damages, compensation or otherwise on the part of said minor or his heirs, executors, or administrators, made as a result of any such damage, loss, or injury, and I agree further to reimburse any loss or damages or costs that the said Chestnut Oaks may have to pay if any litigation arises on account of any claims by said minor or anyone in his behalf.

Parent/Guardian

Print Name

Date

Volunteer Contract

Each family will be required to work a minimum of three half meets.

Family Name: _____

| Job Assignment | 1st half | 2nd half |
|-----------------------|----------------------------|----------------------------|
| Wk 1: (6/17H) | | |
| Wk 2: (6/22A) | | |
| Wk 3: (6/29H) | | |
| Wk 4: (7/06A) | | |
| Wk 5: (7/13A) | | |
| Wk 6: (7/19H) | | |

We understand that we are responsible for the above commitment and that if we are unable to fulfill our responsibility we will find a replacement and notify the volunteer coordinator. Failure to comply with this agreement will have a direct effect on the swim team and the ability to provide a quality program for our children.

We understand that it is our responsibility to sign in at each meet worked to receive credit for volunteer time.

_____, _____, _____
Family (date) Swim Team Coordinator (date)

If you have older swimmers, please sign up for second half. Allow for families with younger swimmers to complete their volunteer requirements during the first half.

Thank you!

Sharks and Minnows

Sharks and Minnows is a buddy program to encourage swimmers to bond with their Stingray teammates. The Sharks job is to assist the Minnow in learning all about swim meets and cheering their minnow on during the meets. Minnows will cheer their Sharks on too! Sharks are swimmers who are 12 or older. Minnows are 11 and under. Every effort will be made to pair buddies by gender. If interested in participating in this fun program complete the information below. Please write as neatly as possible as e-mail will be the main communication tool. For more information about the Sharks and Minnows program please contact:
Chris Stallings allmy3girls@yahoo.com

Name: _____

Age as of June 1, 2011: _____

Email address: _____

Parents names: _____

Phone Number: _____