

Paces Club Swim Team Registration Form

Swimmer Name:

Phone:

Address:

Age(on 5/31/11):

Date of Birth:

Gender: Male / Female

Parent or Guardian's Name:

Parent or Guardian's Phone:

Email Address:

Emergency Contact Person:

Emergency Contact Phone:

Medical Conditions/Allergies/Medications and/or disabilities: *(please list all conditions and medications in the event of a medical emergency)*

I, the parent of _____, give my permission for her/him to participate in the activities of the Paces Club Swim Team. I do hereby waive, release, absolve, and agree to hold harmless the coaches and volunteers of the Paces Club Swim Team, Paces Club Homeowners Association, and their directors and staff. I grant permission for her/him to participate in Swim Team meets and practices and acknowledge that she/he is physically able to participate in these activities. I also hereby give consent for the Swim Team representative to seek medical attention for my child through a physician of the representative's choice if an emergency contact cannot be reached.

Parent's signature _____ Date _____

I/we the parents of _____ do understand that the function of the Paces Club Swim Team is based on parent volunteers. We further understand that the requirements for participation in the swim team include working 3 or more meet halves. We agree to the volunteer requirements and all fees required.

Parent Signature: _____

Fees:

Registration Fee: **\$90** Paces Club Resident

Registration Fee: **\$105** Non-Paces Club Resident

Discount for siblings: \$10 off for each additional child

Full Registration fee includes County Fees and Team cap.

Swimmers/ parents/ siblings/ friends may purchase a team T-shirt for \$10.00 each. The T-shirt is the same as last year's.

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Meet Duties and Responsibilities

(Please indicate your preference)

Requirement for volunteering (1 child=3 meet halves; 2 or more=4 meet halves)

- Timer**
- Lane Manager**
- Announcer (H)**
- Starter (H)**
- Place Judge**
- Heat Board (H)**
- Concessions**
- Parking Director**

- Runner**
- Computer - results**
- Scorer**
- Scorer Assistant**
- Set Up Crew**
- Clean Up Crew**

Photo Permission

My signature below, gives permission for Paces Club Swim Team to post pictures of my child/children on our team website. I give the PCST webmaster permission to post pictures for the purpose of promoting the PC Swim Team. Pictures will be acquired from swim meets, fundraising events, sponsor visits and other practice or team events. Photos may be submitted to the webmaster for posting by any PCST member. The PCST webmaster makes the promise to not post any photo that deems itself inappropriate, and agrees to post only photos that are in good taste and reflect the wholesome sport of swimming.

Parent/Guardian _____

For Swim Team Use Only:

Registration Fee: _____ Check Number: _____

T-Shirts: _____

Total: _____

Meets Worked: _____

Please return completed registration form and check made out to Paces Club HOA to 4321 Sugar Maple Chase.