Onley Recreation Association 2025 Swim Team Registration

Coaches: KJ Bentley & Joe Cuba

Deadline for Registration: 6/18/24, after that a \$10 late fee will be incurred

Swimmer 1 Name:			
Date of Birth:			
Cell Number (if available):			
Allergies/Medical Condition			
Swimmer 2 Name:			
Date of Birth:			
Cell Number (if available):			
Allergies/Medical Condition			
Swimmer 3 Name:			
Date of Birth:			
Cell Number (if available):			
Allergies/Medical Condition			
Parent(s):			
Email Address(es):			· · · · · · · · · · · · · · · · · · ·
Email Address(es):Phone: Home	Cell	Cell 2	
Address			
Emergency Contact Informati	on for Non-parent (if par	ent cannot be reached):	
Emergency Contact Name(s)			
RelationshipPhone: Home			· · · · · · · · · · · · · · · · · · ·
Phone: Home	Cell	Cell 2	
Address			
Please select your OR/):	
	Me ORA Family Me	mbership ** We	re not ORA members
2025 ORA Swim Team	Rates:		
ORA Member rate - \$75	5.00/child for first two	children, \$50.00 each	n additional sibling
			pool facilities DURING swim
team practice and swim	`		
Amount owed:			
	¢ Child 2± ¢	Lata Eag(a) ©	TOTAL \$
			101AL
or pay with Venmo using @	•		•
OLDAY WILL VEHILLO USHIU (C	<i>v.</i> O HIC VI \COI	Jouration uniough www.t	naswiiii.com

PARTICIPATION WAIVER

I, the undersigned participant and parent, request voluntary participation for minor(s) to participate in all events, which are hereinafter referred to as the "activities" sponsored Onley Recreation Association Skimmers.

I consent to my minor's participation in the activities and acknowledge that the minor and I fully understand my minor's participation may involve risk of serious injury or death, including losses which may result not only from my minor's own actions, inactions or negligence, but also from the actions, inactions, or negligence of others, the condition of the facilities, equipment, or areas where the event or activity is being conducted, and/or the rules of play of this type of event or activity.

I understand that if I have any risk concerns, I should discuss the risks associated with my participation with the activity coordinators and event staff, before I sign this document and before any activities begins.

MEDICAL WAIVER

I hereby give consent for Onley Recreation Association Skimmers to provide the stated minor(s) with medical care and treatment and emergency medical services associated with participation in Onley Recreation Association Skimmers practices, competitions, team functions and events.

Additionally, I hereby agree that, in the event I elect to obtain any of these services or treatments on behalf of the stated minor(s) from any sources other than those provided or approved by Onley Recreation Association Skimmers, I shall accept full and complete responsibility. I further authorize the release of any medical information necessary to process a claim for accident/medical payment insurance for an injury or illness incurred while the stated minor(s) are participating as member(s) of the Onley Recreation Association Skimmers.

I certify that my minor is in good health and have no physical condition that would prevent participation in this activity. Furthermore, I agree to use my/minor's personal medical insurance as a primary medical coverage payment if accident or injury occurs. I consent to emergency medical treatment in the event such care is required.

Parent/Guardian name & signature	date

SWIM ASSESSMENT: All new swimmers will participate in a swim and dive assessment early in the season. Coaches will be looking for the swimmer's current mastery of strokes and independence level in the pool. Swimmers who can swim the full length of the pool unassisted will practice M-F with their assigned group.

Swimmers who are not yet able to swim a full length of the pool can join as Beginner Skimmers (Tadpoles).

Beginner Skimmers:

- must be able to go underwater independently, jump in and swim back to the wall and swim 1/2 a pool length unassisted
- practice T/W 10:15-10:45 am starting June 18th
- will be invited to participate in a 1/2 length exhibition event at the beginning of home meets
- can move up to full practice and meet participation when they are able to swim the full length of the pool consistently

We're excited to have you joining the Skimmers! It takes a lot of volunteers to run meets smoothly so to help with this, every swim team family will be expected to have one family member volunteer for at least one home swim meet. Please mark the meet your family can help out with:

 Monday June 23 rd
 Thursday June 26 ^t
 Monday June 30 th
Monday July 14th

Thank you for joining the Onley Skimmers Swim Team!!!