

**\*\* 2019 SWIM TEAM REGISTRATION \*\***

Registration Dates (2): Saturday, April 27 from 2PM-4PM and Saturday, May 4 from 9AM-12PM. All registration sessions will be at the pool clubhouse.

**\*\* NO MAIL OR E-MAIL REGISTRATION ACCEPTED \*\***

Any questions please visit the Swim Team tab at the CSTC website: [www.croftonswimandtennis.org](http://www.croftonswimandtennis.org) or feel free to contact the swim team chairs, Julie Zimmer and Gena Batchelder, by email at [croftoncats@gmail.com](mailto:croftoncats@gmail.com). Thank you.

Parent/Guardian Name(s) \_\_\_\_\_

Address \_\_\_\_\_ Email address #1: \_\_\_\_\_

Phone (home) \_\_\_\_\_ (cell) \_\_\_\_\_ Email address #2: \_\_\_\_\_

**\*\* Prospective new swim team members will be required to take a swim test to assure that they are able to complete the length of the 25 yard pool and be able to complete a practice in their age group in order to be part of the team. During swim meets, team members shall wear the team suit, and if wearing a cap, shall wear a team-sponsored cap.**

Swimmer's Name (last, first)	M/F	Date of Birth mm/dd/yy	Age (as of 5/30/19)	On swim team last year?	Number of years on team

**Fees:** \_\_\_\_\_ \$45 team registration fee per family  
 \_\_\_\_\_ \$50 swimmer fee (includes mandatory non-refundable AAU insurance – unless already registered with dive team).

**Total:** \_\_\_\_\_ (Make checks payable to CSTC)

Check # \_\_\_\_\_ Cash \_\_\_\_\_

IT IS **MANDATORY** THAT YOUR FAMILY SELECT THE AREA FOR WHICH YOU WILL ASSIST IN THE OPERATION OF THE TEAM. PLEASE SELECT BY MARKING 1<sup>ST</sup>, 2<sup>ND</sup>, AND 3<sup>RD</sup> CHOICES. BY SIGNING BELOW YOU AGREE THAT FAILURE TO ASSIST OR FIND A SUBSTITUTE FOR ANY ASSIGNED MEET OR FUNCTION (AS DETERMINED BY A COMMITTEE CHAIR) WILL RESULT IN A \$30 FINE FOR EACH MEET OR FUNCTION MISSED. ADDITIONALLY, IF YOU DO NOT FULLFILL YOUR VOLUNTEER OBLIGATIONS YOUR CHILD WILL NOT BE SLOTTED TO SWIM IN THE MEETS.

Concessions _____	Scorer's table _____	Runner _____
Team Parties _____	Ribbons _____	Clerk of Course _____
Stroke & Turn _____	Timer _____	Assist meet director _____
As needed _____		

**WAIVER OF LIABILITY:**

The participant assumes all risks associated with participation on the swim team; CSTC assumes no liability for injury or damages arising from participation on the swim team. Due to the strenuous nature of some activities, CSTC encourages each participant to consult his/her physician concerning fitness to participate on the swim team. The participant consents to emergency treatment. If the participant is a minor, the parent or guardian approves his or her participation on the swim team. To the best of my knowledge, there are no physical or other conditions, which will interfere with my child's participation.

MD AAU INSURANCE: Your signature below acknowledges payment of insurance above and verifies swimmer data entered on this form is accurate.

Parent/Guardian signature \_\_\_\_\_