(Official Use Only) Cash/Ch	ieck #:	Amount Paid:		Date:		Initials:
Ma	nlewood Re	egistration: Swim a	nd Div	e Team 2	2024	
*Weekly emails will be sent						ets. Please be sure to
provide an accurate (and le	gible) email add	dress to ensure receipt o	of necessa	ary email u	pdates.	
Section 1: Parent/Guardia	n Information					
Name:						
Email Address:						
Cell Phone:						
Member#:						
Section 2: Swimmer #1 In	formation					
Name:						
Date of Birth:				Age as of 6/1/24:		
Swim and/or Dive:						
Gender:				Shirt Size:		S/M/L/XL S/M/L/XL
Pertinent Medical Info:						
*If you ha	ve additional swi	mmers to register, please	use the m	ultiple swim	mers for	m.
Section 3: Program Pricing	3 1st Swi	mmer = \$155 / 2nd Sw	/immer =	\$120 / 3i	rd + Swi	mmer = \$65
All fees (raffle baskets, activities	, coach gifts) are rc	olled into the price. Banquet p	oricing is TE	BD; payment	will be col	lected at a later date.
	Swimmer 1 \$155		\$155			
Swimmer 2		\$120				
		Swi	mmer 3	\$65		
		Swi	mmer 4	\$65		
Please pay by cash or check (payable to Maplewood Swim Club).				<u>Total:</u>		
Refund Policy: Please submit	•		_		-	

Section 4: Team Suit			
Female	Quantity:	\$TBD	
Male Jammer	Quantity:	\$TBD	
Male Brief	Quantity:	\$TBD	
*For reference, 2023 female suits were @ \$50 & male suits @ \$30.		<u>Total</u> :	

Section 5: Parent Volunteers

Your help is needed and appreciated throughout the season. It takes many parent volunteers to run a swim and dive meet successfully. All families are expected to work at least THREE (out of six) regular meets. A volunteer schedule will be emailed prior to each meet. Please indicate dates that you know you will NOT be in attendance, so that you are not scheduled to work. Once the schedule goes out, if you are unable to work, you must find your own replacement, and notify the reps of the change by emailing mwdswimteam@gmail.com

	Date / Location / Times (approximate)	X or NO if not available
Meet #1	Thurs 6-27 (Home vs HSC) / 4:30 - 8:30 pm	
Meet #2	Tues 7-2 (Away vs SW) / 4:30 - 8:30 pm	
Meet #3	Tues 7-9 (Away vs UM) / 4:30 - 8:30 pm	
Meet #4	Sat 7-13 (Away vs FW) / 8 am - 12 pm	
Meet #5	Tues 7-16 (Home vs MM) / 4:30 - 8:30 pm	
Meet #6	Thurs 7-18 (Home vs ML) /4:30 - 8:30 pm	
B Champs	Wed 7-24 (Away @ FW) /4:30 - 8:30 pm	
Dive Champs	Fri 7-26 (Away @ TBD) / 7 am - 1 pm	
A Champs	Sat 7-27 (Away @ HSC) / 7 am - 1 pm	

^{*}If your swimmer is not able to participate in a meet, you must notify the head coach through email.

Section 6: Waiver

I authorize my child, a minor, to participate in Maplewood Swim Club's swimming programs (swim lessons, junior swim team, or swim and dive team). I, the parent/guardian of the minor, recognize the possibility of physical injury associated with swimming/diving. I hereby release, discharge, and/or otherwise indemnify the Maplewood Swim Club and any coaches/instructors employed by Maplewood Swim Club, against any claim by or on behalf of the minor(s) as a result of the minor's participation.

Signature:	Date:
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^{*}Availability on this form will only be shared with reps in order to make worker schedules for meets.

Multiple Swimmers: Swim and Dive Team 2024

Section 2: Swimmer #2 Information			
Name:			
Date of Birth:	_	as of ./24:	
Swim and/or Dive:			
Gender:	Shirt	Size: Youth: S/M/L/XL Adult: S/M/L/XL	
Pertinent Medical Info:			
Section 2: Swimmer #3 In	formation		
Name:			
Date of Birth:	_	as of ./24:	
Swim and/or Dive:			
Gender:	Shirt	Size: Youth: S/M/L/XL Adult: S/M/L/XL	
Pertinent Medical Info:			
Section 2: Swimmer #4 In	formation		
Name:			
Date of Birth:		as of L/24:	
Swim and/or Dive:			
Gender:	Shirt	Size: Youth: S/M/L/XL Adult: S/M/L/XL	
Pertinent Medical Info:		•	