

# Spring Cypress Swim Team

## 2010 Registration



Are you a returning swimmer? Yes / No

If yes, has any of your contact information changed? (phone/address/e-mail, etc.) Yes / No

If yes, what? \_\_\_\_\_

If you are a USA swimmer, do you agree not to swim any US meets during the NWAL season? Yes / No

Do you live in a subdivision that does not have an NWAL swim team? Yes / No

Have you swum for another summer league before? Yes / No

If yes, which team and how long? \_\_\_\_\_

Parent's Names \_\_\_\_\_

Address \_\_\_\_\_

Subdivision \_\_\_\_\_ School(s) \_\_\_\_\_

Home Phone \_\_\_\_\_ e-mail (1) \_\_\_\_\_ e-mail (2) \_\_\_\_\_

Day Phone (Mom) \_\_\_\_\_ Cell Phone (Mom) \_\_\_\_\_

Day Phone (Dad) \_\_\_\_\_ Cell Phone (Dad) \_\_\_\_\_

Swimmer's Name(s)	Sex (M/F)	Age on 5/31/10	Birth Date mm/dd/yy	T-Shirt Size (Youth M/L) (Adult S/M/L)	Do you also swim for USA Swim Team? (yes or no)

Make checks payable to **Spring Cypress Swim Team** or **SCST**. No registrations accepted after 4:01 PM on April 9, 2010. No refunds after the first practice.

*\* For each \$300 sponsorship a family brings to the team, one child swims free. Does not apply to the \$30 per family registration fee.*

Date Paid \_\_\_\_\_ Cash \_\_\_\_\_

Check # \_\_\_\_\_ Total \$ \_\_\_\_\_

2010  
Registration  
Fees  
&  
Dues

Registration: \$30 per family	\$30
Swim Fee: \$95 first child	
Swim Fee: \$85 second child	
Swim Fee: \$75 third child	
Additional children are free	\$0
15 – 18 pay their age	
\$50 Late Fee (3/28/10 – 4/2/10)	
\$100 Late Fee (4/3/10 – 4/9/10)	
CREDIT for Securing Team Sponsor*	
TOTAL	

# Spring Cypress Swim Team

2010 Parent Volunteer  
Sign Up



The Stingrays team is run by our parents – it is completely a volunteer organization. You are required to volunteer your time in order for your child to participate on the team. **You can not register your child without volunteering so if you do not select your job preference, below, the team will assign a job to you!**

Parent's Names \_\_\_\_\_

Swimmer's Names \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Day Phone (Mom) \_\_\_\_\_ Cell Phone (Mom) \_\_\_\_\_

Day Phone (Dad) \_\_\_\_\_ Cell Phone (Dad) \_\_\_\_\_

Please review the **Parent Job Descriptions** and then indicate three choices, in order of preference, in case some jobs have been filled.

Job Choice 1 \_\_\_\_\_

Job Choice 2 \_\_\_\_\_

Job Choice 3 \_\_\_\_\_



Please note that there are two other volunteer areas that are the responsibility of the entire team in addition to each family's season job:

### Timers & Scribes

Many timers and scribes are needed at each meet to record swimmer's times. Volunteers from both teams fulfill these positions. This is a tremendously fun job... volunteers can watch events up close and stay cool by the edge of the pool during outdoor meets! The Head Timer/Scribe will recruit volunteers prior to each meet. Please be prepared to step up... you can sign up for shifts on our website at:

[www.scstingrays.net](http://www.scstingrays.net) > Meets > This Week's Meet.

### Tent Teams

Tent teams are responsible for setting up the Age Group Tents, ready benches, lane ropes, chairs, etc. needed for each meet, and for breaking down afterwards. Each family will take a turn; the schedule is determined by the Head Equipment manager and will be posted on the website at: [www.scstingrays.net](http://www.scstingrays.net) > Meets > This

**Week's Meet** and also at > **Team Info > Volunteers.**

**Spring Cypress  
Swim Team**  
2010 Medical  
Information & Release



**SWIMMERS MAY NOT ENTER THE WATER WITHOUT THIS FORM COMPLETED.**

Parent's Names \_\_\_\_\_

Swimmer's Names \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Day Phone (Mom) \_\_\_\_\_ Cell Phone (Mom) \_\_\_\_\_

Day Phone (Dad) \_\_\_\_\_ Cell Phone (Dad) \_\_\_\_\_

Family Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Medical Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_

Emergency Contacts:

Name	Relationship	Phone Number
1. _____	_____	_____
2. _____	_____	_____

Does your swimmer(s) have any known allergies? Yes / No

If yes, please list: \_\_\_\_\_

Does your swimmer(s) have any other medical conditions we should be aware of? Yes / No

If yes, please list: \_\_\_\_\_

I, parent or guardian of minor swimmers listed above, do hereby give my authorization and consent to emergency medical and/or dental treatment, including surgery, if necessary, to be rendered in the event he or she requires medical and/or dental treatment of any kind while engaged in any activity conducted or sponsored by or on behalf of SCST. I further agree that, in consideration for my child or ward's participation in SCST activities, I hereby release Longwood Village Community Association, Inc., its officers, directors, employees and agents (jointly and severally referred to as GCAI) from and all liability, including, but not limited to, SCST activities on or around the swimming pools and any other common area owned, operated or maintained GCAI, even the injury of damage is caused in whole or in part by the negligence, gross negligence, or any fault of the GCAI.

I hereby agree to indemnify, hold harmless and defend GCAI from any claims by any person or entity for loss liability damage injuries, cost (including attorney fees) that may result from my, my child or ward's participation in the SCST activities, even if the injury or damage is caused in whole or in part by negligence, gross negligence, or other fault of SCST.

Signature \_\_\_\_\_ Date \_\_\_\_\_