|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SWIMMER’S NAME****LAST, MIDDLE INITIAL, FIRST** | **SEX** | **DATE OF BIRTH** | **AGE AS OF 6/1/2019** | **JUNIOR TEAM\*\*** |
| **1.**  |  |  |  |  |
| **2.** |  |  |  |  |
| **3.** |  |  |  |  |
| **4.** |  |  |  |  |

***\*\*Suggested for children who are 5-7 years old, are new to swim team and are comfortable in the water. New Junior Team members will be tested May 28-30 4:45-5:15 (choose one day to bring your child) and final swimming ability and acceptance on the team will be determined by the coach.***

|  |
| --- |
| **ADDRESS:** |
|  |
| \*\***EMAIL 1:** | **EMAIL 2:** |

***\*\*At least one email address is required. All communication will be done through email.***

|  |  |
| --- | --- |
| **MOTHER’S NAME** |  |
| **MOTHER’S PHONE** | (H) | (W) | (C) |
| **FATHER’S NAME** |  |
| **FATHER’S PHONE** | (H) | (W) | (C) |

**EMERGENCY RELEASE**

In the event of an emergency, I hereby authorize the Rockville Swim Team Coach(es) to seek medical attention for my above stated child/children. In the event of a life threatening emergency, your child will be taken to the nearest available hospital.

PARENT SIGNATURE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Health Insurance Information**

|  |
| --- |
| Insurance Name: |
| Policy Holder Name: | Identification No. |
| Group No. |  |
| Primary Care Physician: | PCP Phone: |
| Preferred Hospital: |



Rockville Racers

**PARENT AGREEMENT**

***Initial each statement:***

\_\_\_\_\_\_\_\_ As a parent, I agree to uphold the mission of Rockville Swim Team, to promote the sport of swimming, encourage teamwork and individual achievement while fostering good sportsmanship and positive behavior and social interaction.

\_\_\_\_\_\_\_\_ I understand that the Rockville Swim Team will **not tolerate** unsportsmanlike behavior, inappropriate language, bullying/teasing, disrespect to coaches, parents and/or other team members, bodily injury to others or damage to property done by my child.

\_\_\_\_\_\_\_\_ I understand that if my child is repeatedly disciplined for one or more of the actions listed above at practices and/or meets, disciplinary action will be decided by the board and may include expulsion from the team with no refund.

\_\_\_\_\_\_\_\_ I understand that Rockville Swim Team relies **solely** on parental involvement to make meets run smoothly and that it is my responsibility to sign up to work one half of each meet. **I also understand that if I have not signed up for a job by 6pm the day before a meet, a job will be assigned to me and given to me at the time of meet sign-in.**

\_\_\_\_\_\_\_\_ I agree that if I am unable to attend or fulfill my volunteer responsibility at any meet, I will find coverage in my place. If unable to find proper coverage, I will contact rockvilleracersteam@gmail.com to let someone know at least 24 hours before the meet.

As a community center and team, we rely on volunteers to promote our activities and handle jobs that membership and/or registration dues are unable to cover. Please check one or more categories that you would be interested in helping with during the 2018 season.

 \_\_\_\_\_\_\_ Event Planning/Team Building \_\_\_\_\_\_\_ End of Season Banquet/Pool Party

 \_\_\_\_\_\_\_ Referee \_\_\_\_\_\_\_ Starter \_\_\_\_\_\_\_ Clerk \_\_\_\_\_\_\_ Strokes/Turns Judge \_\_\_\_\_\_\_ Head Computer

***Please note: Referee, Starter, Clerk and S&T Judges are certified positions that require brief class/test time***

**No refunds will be given after June 1st**

|  |  |  |
| --- | --- | --- |
| **NUMBER OF CHILDREN** | **COST** | **TOTAL** |
| 1 CHILD  | **$85** |  |
| 2 CHILDREN | **$150** |  |
| 3 CHILDREN | **$205** |  |
| 4+ CHILDREN | **$260** |  |
|  | **TOTAL** |  |

**MAIL REGISTRATIONS WITH PAYMENT TO:**

Rockville Racers



**ROCKVILLE SWIM TEAM C/O JULIE ZUBRIS**

**P.O. BOX 111, ROCKVILLE, VA 23146**

**(MAKE CHECKS PAYABLE TO ROCKVILLE SWIM TEAM)**