

FAMILY NAME: _____

SWIMMER'S NAME LAST, MIDDLE INITIAL, FIRST	SEX	DATE OF BIRTH	AGE AS OF 6/1/2020	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) 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:	



FAMILY NAME: _____

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 rockvilleraacerteam@gmail.com to let someone know at least 24 hours before the meet.

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

MAIL REGISTRATIONS WITH PAYMENT TO:

**ROCKVILLE SWIM TEAM C/O JULIE ZUBRIS
P.O. BOX 111, ROCKVILLE, VA 23146
(MAKE CHECKS PAYABLE TO ROCKVILLE SWIM TEAM)**

