

Centennial High School Swim Team Registration Form, 2009

Please fill in all the following blanks. This information is important.

Swimmer's Name (Print) _____ Grade _____ Age _____ Telephone number _____

Address _____ City _____ Zip _____ M/F _____

1. Parent/Guardian's name(s) _____ daytime telephone _____ cell phone or other _____

1. Parent e-mail _____

2. Parent/Guardian's name(s) _____ daytime telephone _____ cell phone or other _____

2. Parent e-mail _____

T-Shirt Size (circle one) S M L XL

Check enclosed in the amount of \$ _____
Y members - \$165.25, non-members -\$195.25

Swimming is a club sport at Centennial. A one-time registration fee is due with completion of this registration form. Fees cover the cost of pool time; meet entry fees (except state), team shirt, cap, insurance, coaching, etc. (State Meet expenses are not included). **Please make checks payable to Centennial High Swim Team. Write the name of the swimmer in the memo line of the check.**

Refund Policy: No refunds after September 1, 2006. Prior to Sept. 1, refunds will be given only on fees not yet paid to YMCA, TVHSS (Treasure Valley High School Swimming) or ordered items (T-shirts, caps, etc.).

Bring this Registration Fee/Consent form with your check on the first day of practice. Remember - **swimmers may not get in the water until we have their forms and fees.**

Swim Team Parent Volunteers. All parents are required to assist. Three or 4 timers and 2 stroke/turn judges are required at all meets or we will **forfeit the meet**. There will be an important **mandatory parent meeting Tuesday, August 18th**, 7:00 p.m. at CHS. At this meeting we sort out all the volunteer assignments.

Stroke and Turn Officials Training will be held Thursday, August 20th, 6:30-8:30. Parents interested in serving as stroke and turn officials must attend this training.

Emergency Information

Name _____ DOB _____ Age _____ Grade _____

Parents' name(s) _____ Home phone _____

Address _____ City _____ Zip _____

Best contact person and phone during practice hours (M-F, 3:30-4:30) _____

Best contact person and phone during meets (Tues. evenings) _____

Backup emergency contact name _____ Phone _____

Family doctor _____ Phone _____

Insurance carrier _____ Policy _____

The team coach may apply first aid treatment until the family doctor can be contacted:

Yes _____ No: _____

We give our consent for coaches and trainers to use their own judgment in securing medical aid and ambulance service in case the parents of this athlete can not be reached: Yes _____ No _____

We understand that a high school physical is required of all new swimmers and incoming 9th and 11th graders and the completed associated form will be submitted before the 1st practice.

Is there any condition (medical or physical) that may affect this athlete while swimming? Please be specific (i.e. asthma, arthritis, epileptic, etc.) Explain:

Parent or guardian signature

Date

Notice of Risk for Student Athletes

We give our permission for _____ to participate in organized high school athletics, realizing that such activity involve the potential for injury which is inherent in all sports. We acknowledge that even with the best coaching, use of the most advanced protective equipment and strict observance of rules, injuries are still a possibility. On rare occasions these injuries can be so severe as to result in total disability, paralysis or even death.

We the undersigned understand the dangers of practicing, playing and participating in sports. We also recognize the importance of following instructions given by the coaches regarding playing techniques, training and of obeying team rules. We specifically acknowledge we have carefully read and understand this Notice of Risk for Student Athletes.

Athlete's signature

Date

Parent or guardian signature

Date