

## 2009 SWIM TEAM REGISTRATION BERKELEY HILLS C.C. BARRACUDAS

Parent's Name \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

E-MAIL address \_\_\_\_\_

*(Email is our main form of communication, so please put down most used email)*

	<u>Swimmer's Name</u> (as it appears on birth certificate)	<u>Fees*</u>		<u>Birth date</u>	<u>M/F</u>	<u>Age as of 6/1/09</u>	<u>Shirt Size</u>
		<u>Member</u>	<u>Non-Member</u>				
1.	_____	\$100	\$120	___/___/___	___	_____	_____
2.	_____	95	115	___/___/___	___	_____	_____
3.	_____	95	115	___/___/___	___	_____	_____
4.	_____	95	115	___/___/___	___	_____	_____

*\*Price includes Berkeley Hills Barracuda's t-shirt*

**\*\*There will be a registration deadline (TBA) in order to receive t-shirt!**

*T-shirt sizes available are: YS, YM, YL, S, M, L, XL*

**TOTAL FEES**    \$ \_\_\_\_\_

***Please make checks payable to Berkeley Hills Country Club or members of the Club have the option to charge their account.***

**Paid: Check Amount** \_\_\_\_\_ **Check#** \_\_\_\_\_ **Member#** \_\_\_\_\_

*Please note: No refunds will be available.*

**Has registrant swum for Gwinnett County Swim League (GCSL) before?** Y\_\_\_\_ N\_\_\_\_

If so, Who? \_\_\_\_\_

If not, see below....

**BIRTH CERTIFICATE** – Required for all **NEW** county league swimmers.

Please mail (address below) **CERTIFIED COPY** of birth certificate if this is the first time swimming in Gwinnett County League

## **VOLUNTEERS: Swim Team is Parent Supported!**

Parent cooperation and volunteer efforts make the swim season possible and fun for everyone. At the parent meeting, each family will be required to sign up for their volunteer times at 6 dual meets. ***Each family MUST work 4 meets (1<sup>st</sup> or 2<sup>nd</sup> half) or donate \$100 to the team for an exemption from volunteering.***

### **Medical Release and Information**

**Swimmer's Name(s)**

**Allergies/Medications/Other**

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#### **Medical Waiver**

I, the undersigned, hereby certify that I am the parent or legal guardian of the above named swimmers. I hereby give my permission for any supervisor associated with The Berkeley Hills Swim Team to seek and give appropriate medical attention for our child(ren) in the event of an accident, injury or illness. I, the undersigned, will be responsible for any and all costs of medical attention and/or treatment.

I, the undersigned, hereby waive, release and forever discharge Berkeley Hills Country club and associated supervisors from all rights and claims for damages, injury, loss to person or property which may be sustained or occur during participation in Swim Team activities, whether or not damages or loss is due to negligence. I hereby acknowledge that the swimmer(s) named above is/are physically fit and mentally capable of participating in all swim team activities.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

#### **Procedure for Disciplinary Action**

The Head Coach and Council Person should be notified about any problems or concerns with swimmers, coaches and/or parents.

1<sup>st</sup> offense: The swimmer will be given a verbal warning.

2<sup>nd</sup> offense: The swimmer will be asked to get out of the pool and sit out for 15 minutes and/or to do sit-ups or deep knee bends around the pool. (age appropriate)

3<sup>rd</sup> offense: Council person and parents will be contacted by the Head Coach.

#### **Our Family's Commitment to Volunteer**

As the parents of above mentioned swimmer(s), we understand that the swim team requires our involvement in the setup, running and takedown of our meets. We commit to work at four(4) of the meets this season or we will donate \$100 to the swim team to be exempt from working.

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

**Please mail completed form with check and certified copy of Birth Certificate (required for new swimmers only) to Melanie Megenity at 4558 Bogie Rd Duluth, GA 30096. Registrations need to be returned ASAP.**