

2010 Westfield Waves Swim Team Registration Form

Westfield Waves Swim Team is open to interested swimmers 18 years old and younger.

Each swimmer must be able to swim one length of the pool without stopping.

Lifetime Members: \$100/swimmer Summer Member: \$125/swimmer Nonmembers: \$155/swimmer

**Membership fee includes concession dues

\$10 Late Fee per swimmer assessed after Registration Deadline: June 2, 2010

(Please print clearly)

Swimmer's Ability: **Beginner / Intermediate / Advanced** (circle next to name)

Swimmer's name: _____ B / I / A Age: _____ Birth date: ____/____/____

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Swimmer's name: _____ B / I / A Age: _____ Birth date: ____/____/____

Parents' Names: _____ Emergency Contact: _____

Address: _____ Relationship: _____

Home: _____ Work: _____ Cell: _____ Home: _____ Work: _____

E-mail address(es): _____ Cell: _____

Exclusionary Clause _____ Check here if you would **NOT** like your family information in the Westfield Waves Directory.

In case of medical emergency, I give my permission for my child to receive emergency medical treatment as deemed necessary. I certify that the above named swimmer(s) is/are covered by medical insurance. I understand that Westfield Pool does not maintain any form of medical insurance for swim team members. I expressly understand and agree that no officers, agents, volunteers, assistants, or employees of Westfield Pool, Pool of Dreams, Ltd. shall be responsible or made the subject of any claims seeking damage or loss of any sort to myself or other person(s) on whose behalf this form is now signed as a result of actual or proposed participation on the WAVES swim team.

Parent/Guardian (Printed / Signature) _____ Date: ____/____/____

New 2010 Volunteer Policy

Each family will submit a separate \$25 check which will be returned on designated check return days once volunteering duties have been completed. Checks not returned will be cashed at the end of the season. Swimmers will not be permitted to practice until all fees and dues have been collected.

Expectations of swimmers:

1. Attend workouts regularly and on time.
2. Inform coaches with as much notice as possible (at least one day) when unable to participate in a meet.
3. Be courteous, respectful, and use appropriate behavior with the coaches and other team members.

Signed:

Swimmer #1 _____

Swimmer #2 _____

Swimmer #3 _____

Swimmer #4 _____

Parents' Responsibilities:

1. Ensure my swimmers are at practice on time.
2. Each family is **REQUIRED** to volunteer at two or more meets or volunteer at a team activity. Volunteer time is scheduled on a first come first serve basis.
3. If you are unable to complete the volunteer time you signed up for, you are responsible to find a replacement or will forfeit your volunteer deposit.

Parent Signature(s):

_____ Check 1 enclosed for swimmer registration (Amount \$_____)

_____ Check 2 enclosed for volunteer deposit (Amount \$25)

Please complete this form and return with payment to:

Westfield Waves, in c/o Julie Markley, 1742 Overlook Dr. Fort Collins, CO 80526

..... ****Swim Team Membership Limited to First 100 Registered Swimmers**