

**TURNER SWIM TEAM 2019
REGISTRATION FORM**

**Season Dates: June 17 -- July 28, 2019
Website: turnerswimteam.weebly.com**



Family Last Name: _____ Email: _____
 Parent Name: _____ Cell #: _____
 Parent Name: _____ Cell #: _____
 Address: _____ City/State/Zip: _____

2019 Registration Dues include:

- Swim Dues
- \$12.00 League Fee
- Team T-shirt

Please make checks payable to:

**TURNER SWIM TEAM
P.O. BOX 501
TURNER, OR 97392**

Swimmer Full Name(s)	Age & Gender As of May 31, 2019	T-Shirt Size S M L XL Youth or Adult	Swim Dues <small>Sibling discount for children in same household</small>	Total
1. _____	_____	_____	\$110.00 + \$12	\$122
2. _____	_____	_____	\$100 + \$12	\$112
3. _____	_____	_____	\$90 + \$12	\$102
4. _____	_____	_____	\$80 + \$12	\$92
5. _____	_____	_____	\$78.00	

Swim Team Fees must be paid before any swimmer(s) may begin practicing with the team!

Total Due:

THERE WILL BE NO REFUNDS AFTER JUNE 30TH

MEDICAL RELEASE

Swimmers Name(s): _____

Insurance Company: _____
Group #: _____

Subscriber's Name: _____
ID #: _____

I hereby authorize my child's participation in Turner Swim Team. The Swim Team staff is authorized to attend to any health problem or injury my child may incur while participating with Turner Swim Team. I understand that my child must have current and active medical insurance before he/she can participate. Neither I nor my child will hold Cascade School District, the organizers, sponsors, coaches, meet officials or participants liable for any injury while the above named swimmer(s) are participating with the team.

Please list any special medical conditions your child may have: _____

PARENT/GUARDIAN SIGNATURE: _____ **Date:** _____

**EXPECTATIONS OF SWIMMERS/PARENTS
(Please READ & INITIAL Each Section)**

_____ Swimmers are expected to be responsible, dedicated and committed. They are expected to swim within the rules of the league and demonstrate sportsmanship at all times. Parents are also expected to assist the coaches in creating a positive environment at all swim activities.

_____ All participants are expected to compete in two meets in order to swim at finals. (Exceptions may apply due to circumstances.)

_____ All families are required to volunteer 5 hours during the regular season. Please log all hours in the Volunteer Notebook located in the pool office with the TST folders. If a family cannot or does not acquire hours, there is an option to buy-out the hours for \$50, due before finals. Families will be charged \$10 for every hour they do not fulfill by July 26.

_____ Additionally, all 8 & under swimmers may be expected to pass a swimming test after the first 2 weeks of practice. (Swimming one length of the pool, upon which the coaching staff will make the final decision). All fees must be paid up front and will only be refunded if a swimmer does not meet the requirements.

_____ In order to promote a team atmosphere, we ask that you purchase a black swimsuit for the meets. This is a way to bring swimmers together as a team. Each swimmer should wear their black suit at each swim meet and at finals. A separate swimsuit (of any color or design) would be ideal for practices due to fading and stretching.

PARENT/GUARDIAN SIGNATURE: _____ **Date:** _____