

2009 CCL SWIM TEAM

Please print or type all information.

Swimmer's Name: _____

Name of Swimmer's Parent/Legal Guardian: _____

Full Address: _____

Home Phone: _____ Emergency Phone Number: _____

Email Address: _____

Country Club of Lexington Member _____ (Yes) _____ (No)

Assistants to Team Representative

The team is fully dependent on its volunteers in order to have a well-run team. Every parent is needed to volunteer; please give freely of your time and efforts. These volunteers help with organization of swim meets, taking orders and distribution of team swim attire and tee shirts, email notifications to team members, help coaches with paperwork, etc. Some of the computer responsibilities could be for someone that has small children, conflicting work obligations, etc. that may interfere with committing to swim meet participation. Thank YOU in advance for volunteering.

Organization of Meets _____ Work at Home _____ Other (list) _____

***** Parents, Guardians, and/or family members are responsible to help for at least ONE swim meet******

Please check each area you will be willing to learn/help out with. If you are already have experience, please indicate with an "E". Parents' responsibilities list will be prepared the first week of practice. ***Sign up sheets will be available during registration; bring your calendar so you can save the date.***

Timing _____ Runner _____ Hospitality _____

Scoring _____ Ribbons _____

Stroke & Turn Judge (requires a pre-season instruction class – date to be determined) _____

It will be your responsibility to provide a replacement if you are unable to fulfill your obligation.

Signed: _____ Date: _____

Email Questions to: swimteamrepcccl@gmail.com

To be completed by CCL Swim Team Representative:

Registration Fee: _____

Swim Suit Fee: _____

Cap Fee: _____

T-Shirt Fee: _____

Order Total: _____

Check No. _____

2009 CCL SWIM TEAM REGISTRATION

Please print or type all information:

One Registration Form Per Swimmer

SWIMMER INFORMATION

Last Name:	First Name:	
Age as of June 1:		
DOB: / /		
Male or Female:		
	<u>SIZE</u>	<u>FEE</u>
Swim Suit (If Male, Speedo (\$30) or Jammer (\$35) Girls (\$53)		
Swim Cap (\$4)		
Registration Fee		
\$65/Member; \$130/Non-Member		
Total Fee:		

Parents are encouraged to purchase a team shirt for themselves in support of the team and wear the shirts to meets.

- **THERE WILL BE NO REGISTRATION REFUNDS AFTER JUNE 1.**
- **ALL FEES MUST BE PAID PRIOR TO MERCHANDISE BEING ORDERED.**
- **WE APOLOGIZE BUT THERE WILL BE NO FEES REFUNDED ON ORDERED MERCHANDISE.**

Non-Member Participation Statement

As a non-member of the Country Club of Lexington, I realize that I am a guest at their facility and promise to abide by all the CCL club pool rules (provided with registration material). I realize that use of the CCL pool is limited to the children that are on the swim team and only during team practices and meets. I also realize that any infraction of these rules may be cause for dismissal from the team and forfeit of fees paid.

I understand that as the parent/guardian of the swimmer(s) that I am required to assist during meets as designated by the Head Swim Coach and his staff.

Signed: _____ Date: _____

Email Questions to: swimteamrepcccl@gmail.com

2009 CCL SWIM TEAM MEDICAL INFORMATION

LAST NAME _____

PLEASE PRINT	FIRST NAME (If your child's last name is different please include it here)	AGE	DOCTOR'S NAME	DOCTOR'S PHONE#	ALLERGIES	SPECIAL MEDICAL CONSIDERATIONS
CHILD						

HEALTH INSURANCE COMPANY: _____ POLICY #: _____ GROUP: _____

Emergency Contacts: In case of illness/injury, call in this order beginning with parent's names and home, cell and work phone numbers.

NAME (PARENT'S FIRST)	HOME PHONE #	CELL PHONE #	WORK PHONE #

Medical Release: If I cannot be contacted in the event of an injury to or the sickness of my child, I hereby give my permission to the pool manager or his/her designee to administer first aid to or transport my child in order to obtain medical attention from a doctor or emergency center.

Parent Signature: _____ Date: _____