



Hungary Creek Swim Team

2010 Registration Form



Registration Fee: \$60 first swimmer/\$45 other swimmers in the family. The Maximum fee will not exceed \$125 for each family. This fee covers GRAL fees and team expenses. After May 26 swimmer will not be able to participate in the first swim meet and a \$25.00 late fee per swimmer will be charged.

SWIMMER INFORMATION

Swimmer's Name Last, First, MI	Gender M/F	Date of Birth Mm/dd/yyyy	Age as of 6/1/10

FAMILY INFORMATION

Address:
Phone #:

MOTHER INFORMATION

Name:	E-Mail:
Cell:	Work:

FATHER INFORMATION

Name:	E-Mail:
Cell:	Work:

EMERGENCY CONTACT INFORMATION

If parent(s) can not be reached

Name:	Relationship to Swimmers:		
(Cell)	(Work)	(Home)	

PHYSICIAN INFORMATION

Name:	Phone #:
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In the event of an emergency, if parents cannot be contacted, I give permission for HCRA coaches and / or team officials to seek medical attention as deemed necessary by HCRA coaches or team officials.

Parent Signature: _____



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REFUND POLICY: All refund requests must be made in writing, signed by the parent, and hand delivered to the "Parent Rep" before the refund deadline. **After June 1, 2010 at 5:00 pm, NO REFUNDS WILL BE ISSUED.**

Initial _____

VOLUNTEER SHIFTS: I understand that over (50) Hungary Creek parent volunteers are needed for each of the (6) regular season swim meets (70 for home meets). I agree to sign up and fulfill my required volunteer shifts as defined by the volunteer coordinator and the swim team committee. I understand that it is my responsibility to find a sub if I am unable to fulfill one of my assigned volunteer shifts. The volunteer coordinator and/or swim team committee will be contacted **prior to entering your child(ren) in meets.** **Initial** _____

TRANSPORTATION: Parents are responsible for transporting swimmers to and from swim meets and swim practices. I understand that as a swim team parent, I am responsible to ensure my child travels safely to and from practice and to and from swim meets. If my child travels with another family or adult, the Hungary Creek Marlins are not responsible for any accident or injury. I understand that I am responsible for any children traveling with me to and from meets/practices. **Initial** _____

SUPERVISION: I understand that swim meets are not drop off sites for my children. I agree to attend all swim meets with my child(ren) and I agree to supervise my children at all swim meets at all times. If I am working a shift, I agree to have a designated adult or spouse responsible for supervising my child(ren). **Initial** _____

DISCIPLINE: Discipline problems will be dealt with on an individual basis. HCRA is a respected organization with high goals and standards. Swimmers must understand their responsibilities to their coaches, toward others, and to personal property. Deviant behavior will be dealt with immediately by the coaches in the form of a reprimand, temporary suspension, or permanent suspension from the team. **Initial:** _____

AUTHORIZATION: I give the HCRA swim team my permission to use my child's **name** on the HCRA website (other than results of any kind): YES _____ NO _____
As a member of the HCRA swim team your child's picture may be posted on the team's website; the photo section will be password protected. I give the HCRA swim team my permission to use my child's **picture** on the HCRA website: YES _____ NO _____ **Initial:** _____

HOLD HARMLESS AGREEMENT: I _____ agree to indemnify and hold harmless the HCRA, its Board of Directors, Officers, Agents, Coaches, Volunteers and other associated persons from any and all liability stemming from and arising from this amenity, youth swimming. I also recognize that the sport of swimming does contain risks and I am fully aware of those risks. I agree to communicate any concerns/problems with the coaching staff and Parent Rep if needed. **Initial:** _____

I agree and accept all statements I have initialed:

Printed Name: _____

Signature: _____

Date: _____

Please make check payable to: HCRA Swim Team.

Mail to: BETH HOPKINS * 9641 SOUTHMILL DR * GLEN ALLEN, VA * 23060

Questions about registration? Email registration@gomarlins.org



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Individual Registration Form

(Complete **one sheet per swimmer**)

Swimmer Name _____

HEALTH INFORMATION

Does your child have any health conditions, medical allergies, or concerns that the coaches need to be aware of? _____

I hereby state that my child _____ is physically fit to participate on the swim team and that he/she has no medical conditions that I know of that would cause harm if he/she participates on the swim team. If any such condition arises between now and the end of swim season, I will promptly notify the coaches and parent representative so that appropriate precautionary measures can be taken.

Parent SIGNATURE _____ Date _____

Printed Parent Name _____

GRAL REQUIREMENT: All swimmers who have also earned non-GRAL (USS or YMCA) times **between June 1 of the previous year and May 1 of the current year** must submit these times with their team's registration. Any team registering a swimmer and not reporting his/her non-GRAL (USS or YMCA) times or times from other GRAL swim teams will be subject to fines. NOTE: High School League swim times are exempt from this requirement.

Fill in form below or attach separate sheet to this page.

Non-GRAL TOP TIMES

League or Organization	Event	Distance	Yards/Meters	Time

MEET ENTRY INFORMATION

So that coaches may properly strategize for each of the meets, we need to know if you are **unable to attend any of the swim meets**. Should this information change, **please let your coaches know as soon as possible**.

Swimmer will **not** attend the following meets (please check): **Initial** _____

1. Fri Jun 18 home v. Dominion Club	2. Weds Jun 23 @ Canterbury	3. Weds Jun 30 @ Twin Hickory
4. Wed Jul 7 home v. Wyndham	5. Weds Jul 14 @ Colonies	6. Tue Jul 20 home v. Church Run

SPIRITWEAR – Team T-shirt included with registration; please circle swimmer t-shirt size.

Swimmer:	<u>Child</u> s m l xl <u>Adult</u> s m l xl
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