



## THE 2011 SEASON

It's time to think about HCRA Marlins 2011. The All-Volunteer Swim Team Committee and Coaches are preparing for an excellent and fun-filled summer for all ages and levels.

## REGISTRATION

Registrations will be held at the Hungary Creek Recreation Association Pavilion during the HCRA Open House, Sunday, May 1, 2:00 – 4:00 p.m. at the Pavilion, and at the Swim Team Kickoff, May 22<sup>nd</sup> at 2pm. There will be another registration opportunity during an HCRA Marlins Night at Disco Sports, Monday April 25<sup>th</sup> from 5pm to 7pm, when you will have the opportunity to purchase your new team suit and any other swim accessories you may need for the season.

**After May 22nd the \$25 late fee applies. Fees are \$65 per swimmer, \$50 for the second swimmer in the family, with a maximum of \$145 per family.** The swimmer must be able to swim the length of the pool without stopping, at the time of registration. Swim lessons are offered at HCRA for those who need additional practice for next season.

You must sign up for your volunteer times when registering. HCRA requires a minimum of two obligations per season per family. A list of non-certified volunteer positions will be listed on the website prior to registration this spring. Our certified and season-long positions are filled (Thank you volunteers!).

## SPRING WARM UP

The Shady Grove YMCA is providing their facilities for a HCRA Marlins six-week spring warm-up session- a great way to get ready for the season. HCRA Coach Matt and Junior Coaches will lead drills, help swimmers with their strokes, and get everyone used to the water again. **Session dates are Sundays April 3, April 10, May 1, 8, 15 and 22 from 5:45-6:45 pm.** Swimmers will be divided into lanes by age and ability. New swimmers must be able to swim the length of the pool to participate.

The cost per swimmer for the 6 sessions is \$60 for the first child, \$50 for each additional child with a family maximum of \$130. To participate, complete the Spring Warm Up Registration form found on the registration tab of the website and send with your check made out to HCRA **no later than March 31 to:**  
Georgia Coopersmith, Parent Rep, 5905 Carrington Green Court, Glen Allen, VA 23060

## MEET SCHEDULE

Our meet schedule this year is:

Friday, June 17,	HCRA	@ Chestnut Oaks
Wednesday, June 22	Church Run	@ HCRA
Wednesday, June 29	HCRA	@ Canterbury
Wednesday, July 6	Twin Hickory	@ HCRA
Wednesday, July 13	HCRA	@ Dominion Club
Tuesday, July 19	Wyndham	@HCRA

## NEW THIS YEAR

Saturday morning stroke clinics will be offered during the season for a limited numbers of swimmers. This will be offered to all ages for stroke improvement, assistance with starts and turns, etc. Swimmers may be recommended for the clinic by coaches and/or junior coaches, and can sign up if interested until the slots are filled.



**SWIMMER INFORMATION**

Swimmer's Name <u>Last, First, MI</u>	Gender M/F	Date of Birth Mm/dd/yyyy	Age as of 6/1/11	Returning? Y/N	Swim Team Shirt Size*

\*The HCRA Marlins will provide a team t-shirt for all swimmers. Select from the following sizes: Child: S, M, L, XL Adult: S, M, L, XL

**FAMILY INFORMATION**

<b>Address:</b>	<b>Home phone:</b>
<b>Primary e-mail:</b>	

**MOTHER INFORMATION**

<b>Name:</b>	<b>E-Mail:</b>
<b>Cell:</b>	<b>Work:</b>

**FATHER INFORMATION**

<b>Name:</b>	<b>E-Mail:</b>
<b>Cell:</b>	<b>Work:</b>

**EMERGENCY CONTACT INFORMATION**

If parent(s) cannot be reached

<b>Name:</b>	<b>Relationship to Swimmers:</b>		
(Cell)	(Work)	(Home)	

**PHYSICIAN INFORMATION**

<b>Name:</b>	<b>Phone #:</b>
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**HEALTH INFORMATION**

Does your child/children have any health conditions, medical allergies, or concerns that the coaches need to be aware of? If so, provide the name of the child/children and explain below:

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

I hereby state that my child/children is/are 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. 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:** \_\_\_\_\_

Registration Fee: 1 swimmer = \$65.00  
 Add'l swimmers in same family = \$50.00  
 Maximum fee per family = \$145.00



Total Registration fee submitted: \_\_\_\_\_ Check #: \_\_\_\_\_  
Date: \_\_\_\_\_

**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, 2011 at 5:00 pm, NO REFUNDS WILL BE ISSUED.**

**Initial:** \_\_\_\_\_

**VOLUNTEER SHIFTS:** 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 substitute if I am unable to fulfill one of my assigned volunteer shifts. **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 \_\_\_\_\_ **Initial:** \_\_\_\_\_

As a member of the HCRA swim team your child's picture may be posted on the team's website. 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.**

**Mail to: Georgia Coopersmith, 5905 Carrington Green Ct, Glen Allen, VA 23060**

Questions about registration? Contact Parent Reps :  
Georgia Coopersmith [georgia.coopersmith@comcast.net](mailto:georgia.coopersmith@comcast.net) or Valerie Psuik, [vrpsuik@comcast.net](mailto:vrpsuik@comcast.net)