

## 2019 SWIM TEAM REGISTRATION

AMOUNT RECEIVED

CREDIT OF CHECK #

DATE RECEIVED \_\_\_\_\_

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The swimmer or swimmers listed below has/have my permission to participate in all practices and swim meets without restriction at the discretion of the coach. I understand that swimming on the team is a privilege that may be lost if my child is behaving in an unsafe manner and/or is uncooperative at practice or meets.

SWIMMER	GENDER	BIRTHDATE	MEDICAL INFO

**Nonmembers: \$110.00 for the 1<sup>st</sup> child and \$ 95.00 for each additional child**

Please mail completed forms and payment to  
City of Seaford, SCSC, P.O. Box #1100. Seaford, DE 19973  
**CHECKS PAYABLE TO: Seaford Community Swim Center**

\*\*\*\*\* PAY BY CREDIT CARD\*\*\*\*\*

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**In case of an emergency, which hospital is your preferred choice?**

**OVER**

## SEAFORD COMMUNITY SWIM CENTER

### 2019 SWIM TEAM REGISTRATION

#### LIABILITY RELEASE

I do hereby give my child/children named on page 1, permission to participate in the Sussex Community Swim Center Swim Team program. In my absence, I grant permission to have medical care administered to my child/children in the event that I am unable to personally do so, and to further release the Sussex Community Swim Center Swim Team from any liability.

Parent//Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

#### PHOTO RELEASE

By signing your child/children up for this program you are authorizing the Sussex Community Swim Center Swim Team to photograph/record your participant and use the photo or any other digital production or likeness of him/her for publication purposes, whether electronic print or digital publishing via all streams of media to include television, internet, etc.

Parent//Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Note: No refunds after Monday, June 17, 2019.**

#### VOLUNTEER OPPORTUNITIES

Each family is expected to volunteer and assist at HOME and AWAY meets. Please choose a volunteer spot where your family would be interested to support. If there are not enough volunteers, jobs will be assigned per family.

Please check the areas that you would like to assist with:

Concessions \_\_\_\_\_

Swim Meet

Runners \_\_\_\_\_

Timers \_\_\_\_\_

Ribbons \_\_\_\_\_

Lining Kids Up \_\_\_\_\_

Banquet \_\_\_\_\_

\*Official \_\_\_\_\_

\*Starter \_\_\_\_\_

Computer System at Meet \_\_\_\_\_

Team Fundraisers \_\_\_\_\_

\*Must go through annual training (upcoming training session TBD)

#### PARENT/GUARDIAN RESPONSIBILITY

Unless there is a medical condition that keeps any parent/Guardian from taking a job at the meets, you will be required to help out during the swim meets. We will try our best to make sure the jobs are shared among all parents/guardians equally, but there are times when we have shortages which are out of our control. If you agree to the above please sign and date:

Swimmers Name (s) \_\_\_\_\_

Parent(s)/Guardian(s) Signature \_\_\_\_\_ Date \_\_\_\_\_