



BEULAH STINGRAYS 2014 REGISTRATION FORM

Parent Information: (please print)

Parent 1 (mother/father) Name Home Phone Work Phone Cell Phone

Parent 2 (mother/father) Name Home Phone Work Phone Cell Phone

Mailing Address Street City, State Zip Code

E-MAIL ADDRESS: _____
This will be used as a primary form of communication

Emergency Contact Person Phone Relation to Swimmer

REGISTRATION FEES ARE AS FOLLOWS:

1. Members of Beulah Pool \$105.00 per swimmer with a max fee of \$285.00 per family.
2. Swim Team only members \$135.00 per swimmer with a max fee of \$385.00 per family. First time swim team only members are required to pay a non-refundable \$200.00 membership fee in addition to swimmer registration fees.
3. We offer our 3RD and 4TH year senior swimmers a discount - \$80 per swimmer.
 (Senior defined - must be 15-18 years old & swam for the past 3-4 years)

Please complete all of the following information: (Please print clearly)

Swimmer Last Name	First Name	Date of Birth	Age on 5/31/14	Sex M/F	T-Shirt Size (Please circle size) One t-shirt per swimmer is included with registration	Registration Fee Beulah Pool Member	Registration Fee Swim Team Only	Total
					Youth - XS S M L XL Adult - XS S M L XL			
					Youth - XS S M L XL Adult - XS S M L XL			
					Youth - XS S M L XL Adult - XS S M L XL			
					Youth - XS S M L XL Adult - XS S M L XL			
					Youth - XS S M L XL Adult - XS S M L XL			

Make check payable to *Beulah Recreation Association.*

(There will be a \$25.00 return check fee for any check returned as insufficient funds).

Concession Fee	\$ 10.00
New Swimmer Registration Fee Applies to new swimmers only. One fee per family.	\$200.00
TOTAL	\$

Payment method: cash check

Date paid:

BEULAH STINGRAYS 2014 RELEASE FORM



TERMS & CONDITIONS

1. **Swim Team registration and fees are due and payable by June 1, 2014. Swimmers will not be allowed to participate in competition meets unless ALL fees are paid in full.** If your child withdraws from the team during the first 2 weeks, you will receive a 50% refund of your registration fee. Afterward, there will be no refunds. **Registration fees are NOT prorated for the season.**
2. I certify that my child/children listed above is/are in good health and capable of safe participation on the Beulah Swim Team.
3. If the Emergency Medical Treatment Authorization is not signed by the parent/guardian listed on this form, the parent/guardian must be present at every practice session; otherwise the child/children cannot participate.
4. The registration form will not be accepted if the Consent to Play section is not signed by the Parent/Guardian.
5. Parents are expected to volunteer and help at all swim team meets and functions. (see details on next page)

Parent/Guardian Signature: _____ **Date:** _____

Full Name of all Swimmers _____

Full Name of all Swimmers _____

EMERGENCY MEDICAL TREATMENT AUTHORIZATION

I authorize any representative of Beulah Recreation Association or Swim Team to present my child listed above for emergency medical treatment by a physician, surgeon, or hospital listed by the Commonwealth of Virginia.

Signature of Parent/Guardian: _____ **Date:** _____

Name of Child's Physician: _____ **Phone:** _____

PHOTO RELEASE

I hereby grant to the Beulah Swim Team and to its employees, agents and assigns the right to photograph my child and use the photo and/or other digital reproduction of him/her or other reproduction of his/her physical likeness for publication processes, whether electronic, print, digital or electronic publishing via the Internet.

Parent/Guardian Signature: _____ **Date:** _____

CONSENT TO PLAY

We hereby agree to indemnify and hold harmless The Chesterfield Aquatic League, Beulah Recreation Association, its Swim Team Directors, Agents and Coaches against all injuries of said swimmer(s) participating in this swim program. We further signify that we read and agree to abide by and accept the Terms and Conditions as listed above. Failure of Parent/Guardian to sign or complete this form in its entirety shall absolve the Chesterfield Aquatic League, Beulah Recreation Association and its Swim Team of any and all responsibility herein.

Parent/Guardian Signature: _____ **Date:** _____

Questions? Please call 804-405-0660 or email tcm1966@gmail.com

Swimmer(s) Name: _____

Parent 1 Name _____

Parent 2 Name _____

BEULAH STINGRAYS 2014 PARENT WORKER REGISTRATION FORM



**** PARENT WORKER**** The parent support of our swim team families is vital to the success of the team overall and our swimmers individually. The intent of the Beulah Stingray PARENT WORKER POLICY is to emphasize how important it is that we all work together to maintain the high standards our team exemplifies and to more evenly share the volunteer effort. Unfortunately, in past years we have had incidents where volunteers have neglected to fulfill their volunteer responsibility. In order to maintain an accurate record of parent work shifts, every family scheduled to work at a meet must check in at Parent Check-In prior to the start of each meet. **You are required to work ALL home meets and at least 1 away meet. We will do our very best to make sure that only 1 parent is working at each meet.**

_____ Please initial here to show you understand and agree to abide by the BST Parent Worker Policy.

****PLEASE INDICATE MEET DATES WHICH YOU ARE **NOT AVAILABLE OR WILL NOT BE ATTENDING** ****

___ SAT. 6/7 ___ TUE 6/17 ___ TUE. 6/24 ___ TUE. 7/1 ___ TUE. 7/8 ___ MON. 7/14

As stated above, parents are needed for **every swim meet**. Home meets typically require more workers than away meets. Please indicate below the areas you are interested in working. Place an "X" in the areas you and your spouse are willing to work. **If no indication is made you will be randomly assigned various tasks.** Training is available for all areas. Each parent should mark a minimum of two (2) different jobs you are willing to work during swim meets. **If you are assigned and do not fulfill your duty, find a replacement and notify the person making the schedule of your change. Failure to do this can result in in one of the following (1) being fined \$25 per meet (2) your child may not be able to compete in future meets or (3) The team will not pay your child's Champ Fees.**

Parent 1	Parent 2	Position	(description)
_____	_____	Announcer	Call swimmers events to clerk of course. Keep spectators informed. Sit down job!
_____	_____	Timer	Times each event (usually 2-3/lane) Stand up job, great view of the action!
_____	_____	Runner	Home meets collects timing sheets after every other event, pick up DQ cards deliver to table workers. Post results.
_____	_____	Starter	Starts each event using electric starter. Call swimmers to blocks, tell the event, heat & other directions. Set the pace of meet and keep it moving. Great view of action. Sit down or stand up.
_____	_____	False Start Rope	When false start is indicated drops rope into water to alert swimmers; great sit down job
_____	_____	Table Workers	Helps score the meet, verify results and label ribbons. Great sit down job. Get up any time and watch your child swim. job. Get up any time & watch your child swim.
_____	_____	Hospitality	Make sure each worker gets water/beverage during the meet.
_____	_____	Strokes/Turns	Checks swimmers for proper strokes/turns. Great view of the pool action. Requires additional training (provided)
_____	_____	Clerk of Course	Lines up swimmers for each event and heat. Need to have good crowd control skills.
_____	_____	Mite Parent	Gathers 8 & under swimmers and get them to the clerk of course. Also assist in getting them to blocks; especially during relays. Great job for parents of small swimmers.
_____	_____	Set Up/Clean Up	Help set up pool area before a home meet & take down, pack up supplies etc. after the meet ends.

Dated: _____

Parent/Guardian(s) Signature: _____

Questions? Please call 804-405-0660 or email tcm1966@gmail.com