

MCRF Sierra Silver Fins Swim Club
2018 Season - Registration Form

Child's Name: _____ Age: _____ BirthDate _____ Sex _____

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Child's Name: _____ Age: _____ Birth Date _____ Sex _____

Parent/Guardian Name: _____

Mailing Address: _____

Phone/Cell Number: _____ Email Address: _____

Fee: \$95 each swimmer; 2 swimmers - \$180; 3 swimmers – \$210; 4 swimmers - \$240.

The Volunteer Check in the amount of \$50.00 needs to be turned in with the Registration Fee.

Due to insurance company requirements Swimmers Fees must be paid before your swimmer begins practice.

Please bring this form with the registration fee to our mandatory meeting on May1st at 6:15pm. If you cannot attend, please bring it to practice or mail the form to MCRF Swimming, P.O. Box 171, Prather, CA 93651. This will be the first practice of the season for our Swimmers as well as swim testing for new swimmers.

New swimmers with no competitive swimming experience will be given an opportunity to pass a minimum skills test in order to insure safety of each swimmer. Swimmers may register after passing the test. This skill test will take place at SHS during the first week of practice.

Through the month of May, everyone practices Monday thru Friday. While it is not mandatory to attend every practice we encourage swimmers to attend as many as possible. We understand that some spring sports will conflict with practice for the first couple of weeks. Practices begin May 1st and run through May 31st from 6:15-7:15 p.m. Starting June 4th, there will be split practices by age group: 6-under through 9-10's will practice 5:00-6:00, 11 and over will practice 6:00-7:30. Swim meets are Tuesday and Thursday evenings, starting the end of June 5th. Our Intrasquad meet is Friday night, June 1st at 6:00pm at SHS. The swim season runs through July 21st, depending on your swimmers status to Time Trials and Finals. **There will be no refunds for this season.** In order to qualify for Time Trials a swimmer must have attended at least 3 regular meets. Intrasquad DOES NOT count for one of the regular meets.

Parent volunteers are needed in the following areas for every home meet (snack bar, hospitality, timers, scoring, & ribbons). Volunteers (timers) are also needed at away meets. As a parent, and in order to make this experience the best for our kids, we need you to volunteer. When you register a second check for \$50.00 will be collected and once you volunteer 6 times in the season (1/2 meet sessions), your check will be returned to you.

CONSENT FORM

While my child(ren), _____ is (are) attending or traveling to or from this function, I HEREBY AUTHORIZE THE HEAD SWIM COACH, or in his/her absence or disability, any adult accompanying or assisting him/her, to CONSENT TO THE FOLLOWING MEDICAL TREATMENT FOR SAID MINOR ABOVE, any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and/or surgeon licensed under the provisions of the Medical Practice Act; or an x-ray examination, anesthesia, dental or surgical diagnosis or treatment, and hospital care to be rendered by a dentist under the provision of the Dental Practice Act..

This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California. This authorization shall remain effective until my child completes his or her activities in the program unless sooner revoked in writing. I understand that, as a parent/legal guardian, I will be responsible for the cost of any treatment or service provided. I/We the undersigned parent(s) of the above named child, who is a candidate for a position on the Sierra Silver Fins Swim Club, hereby give my approval to his/her participation in any and all activities of the team during the current season. I/We assume all risks and hazards incidental to the conduct of the activities and transportation to and from the activities. We do further hereby release, indemnify and hold harmless the Sierra Silver Fins Swim Team, The Sierra Silver Fins Parent Board, Mountain Community Recreation Foundation (MCRF) and any team sponsors. I/We likewise release from responsibility any person transporting my/our children upon request of a league official. BY SIGNING THIS FORM, I/WE WAIVE ALL CLAIMS AGAINST SIERRA SILVER FINS SWIM CLUB, SIERRA UNIFIED SCHOOL DISTRICT, MOUNTAIN COMMUNITIES RECREATION FOUNDATION, AND ALL PERSONS ASSOCIATED WITH THIS TEAM, AND/OR LOCAL SCHOOLS WHERE PRACTICES AND MEETS ARE HELD.

I acknowledge that I read this consent form and knowingly, on behalf of my child, assume all the risks associated with participating in any way on the Sierra Silver Fins Swim Team.

Date: _____ Participant(s): _____

Parent/Guardian Signature _____