MCRF Sierra Silver Fins Swim Club 2022 Season - Registration Form

Child's Name:	Age:	Birth Date:	Sex:
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Child's Name:	Age:	Birth Date:	Sex:
Parent/Guardian Name:			
Mailing Address:			
Phone/Cell Number:	Email A	_ Email Address:	

Fee: \$110 per swimmer; 2 swimmers - \$195; 3 swimmers - \$230; 4 swimmers - \$260. Your Volunteer Check in the amount of \$75.00 will be turned in with the Registration Fee. Due to insurance company requirements Swimmer's Fees must be paid before your swimmer begins practice.

Please bring this form with the registration fee and volunteer check when you register your swimmer. You may mail the form with both checks made out to MCRF Silver Fins, P.O. Box 171, Prather, CA 93651. 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. The skills testing will take place during the first week of practice.

Through the month of April, everyone practices Monday thru Wednesday. 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. Regular season practice begins April 18th through June 2nd 6:00-7:00 p.m. Starting June 6th, there will be split practices by age group: 6-under through 9-10's will practice from 5:00-6:00pm, 11 and over swimmers will practice from 6:00-7:30pm. Swim meets are normally Tuesday and Thursday evenings, starting June 14th. The swim season runs through July 16th, depending on your swimmer's status to Finals. There will be no refunds for this season. In order to qualify for Time Trials and Finals a swimmer must attend a minimum of 3 regular meets. Intrasquad meet will be held Friday June 3rd

IMPORTANT - READ THIS!!!

Parent volunteers are needed in the following area for every home meet (snack bar, hospitality, timers, scoring, & ribbons, announcing, etc.) Volunteer timers are needed at away meets. In order to make this experience the best for our kids, we need you to volunteer. When you register, a second check for \$75.00 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) listed above 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 THISFORM, I/WE WAIVE ALI. CLAIMS AGAINST SIERRA SILVER FINS SWIM CLUB, SIERRA UNIFIED SCHOOL DISTRICT, MOUNTAIN COMMUNITIES RECREATION FOUNDATION, AND ALL PERSONS ASSOCIATED WITH TEAM, AND/OR LOCAL SCHOOLS WHERE PRACTICES AND MEETS ARE HELD.

I acknowledge that I have 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: _____ Parent/Guardian Signature: _____