



CHERRY VALLEY TIGERS SWIM TEAM

REGISTRATION FORM (2017)

The Cherry Valley Tigers swim team is open to all Swim Club Members up to 18 years old (age as of June 15). The minimum requirement is to swim one 25-meter lap of freestyle (the length of the pool). The swim team registration form, along with the attached waiver, must be returned prior to the first practice.

Parent(s) Names: _____

Parent Email Address: _____

Second Email Address: _____

Home Address: _____

Phone #'s Home: _____ Cell: _____ Second Cell: _____

Emergency Contact: _____ Phone: _____

**** For past team members, please indicate if any of the above is a change from past years.**

Swimmers Name	Date of Birth	Male or Female	T-Shirt Size (YL, AS, AM, AL, AXL)

REGISTRATION FEE: 1st and 2nd Child: \$90 per child; 3rd child and beyond: \$80 per child

*Fees Per Swimmer – include t-shirt, swim cap, team gift, league and meet fees, athlete insurance. **TOTAL FEE** _____

Make Checks payable to: Cherry Valley Swim Club

Send Check, Registration, and Signed Waiver to:

Pat Rhodes, 10 Gately Court, Cherry Hill, NJ 08002 (feel free to include with your club membership)

or

Jim Lymper, 36 Lafferty Drive, Cherry Hill, NJ 08002 (any questions: contact Jim at cherryvalleyswimteam@gmail.com)

VACATION PLANS

The swim season is finished the first week of August. It is important that all swimmers be available for all meets. Please try to work vacation plans around the following meets and let the coaches know what your vacation plans are as soon as possible. Please identify (circle) which meets your swimmers are NOT available for due to conflicts.

A-Meets: Saturday mornings at 9 a.m. on 6/24, 7/1, 7/8, 7/15, 7/22

B-Meets: Wednesday evenings at 6 p.m. on 6/28, 7/5, 7/12, 7/19

Championships: 7/29 (Cherry Bowl) and 8/5 & 8/6 (Tri-County)

I understand that all families are expected to volunteer and participate in the swim team program. I agree to review the team rules with my children and participate in the fundraising, meet operation or other swim team activities.

Parents Signature: _____ Date: _____



Cherry Valley Swim Club
TRI COUNTY SWIMMING POOL ASSOCIATION
PERMISSION TO PARTICIPATE AND LIABILITY RELEASE
2017 SUMMER SWIMMING SEASON

I, _____,
 the parent(s)/guardian(s) of

 (List all swimmers names)

agree to allow my child(ren) to participate in the TRI-COUNTY SWIMMING POOL ASSOCIATION (TCSPA) swim program as a member(s) of the Cherry Valley Swim Club swim team and hereby release TCSPA, its officers and/or staff members, and Cherry Valley Swim Club, its staff, agents and/or employees from liability for any injury that may occur to myself or my child(ren) and family member(s) while participating in the TCSPA swim program, including travel to and from training sessions or other scheduled activities.

I agree to indemnify and hold harmless the above mentioned organization and/or individuals, their agents and/or other family members or damage to my property, the property of my children and/or other family members, or both, while I or my child(ren) and/or family members are participating in the program.

I agree to reimburse the above parties for any damages they are compelled to pay arising from any such claims, demand, action or cause of action by myself or my child(ren) or family members.

I have noted below any medical history or problems of which the staff should be aware that would or could affect training and/or competition.

NAME _____
 (Please Print)

SIGNED _____ Date _____
 (Participant if over age 18 or Parent/Guardian)

MEDICAL HISTORY /PROBLEMS:

I HAVE CAREFULLY READ THE ABOVE LIABILITY RELEASE AND SIGN IT WITH FULL KNOWLEDGE OF ITS CONTENTS AND SIGNIFICANCE.

Signed: _____
 (Participant or Parent/Guardian)

Date: _____