

Swimmer's last name _____ PAID \$ _____

RESC Membership # _____ Cash or Check # _____

2009 RESC SWIM TEAM/PRE-TEAM REGISTRATION FORM

Please submit completed form and registration fee to **George Karayianis** or mail to RESC, PO Box 341913, Bethesda, MD 20827. All forms and fees must be received, before a swimmer can attend practice.

CHILDREN'S NAMES * (with middle initial)	Boy/Girl (B/G)	BIRTHDATE (month/day/year)	AGE (as of 6/1/09)	Pre Team?
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*Please indicate what name your child prefers to be called

1. _____

2. _____

3. _____

4. _____

For Pre-Team Only:

Please indicate which afternoon Pre-Team session you would prefer:

*Note: Session assignment is on a first-come basis. Due to space limitations, your preference is not guaranteed.

Mon & Wed 4:30pm-5pm

Mon & Wed 5pm-5:30pm

Tues & Thurs 4:30pm-5pm

Tues & Thurs 5pm-5:30pm

ADDRESS _____

HOME PHONE _____ E-MAIL _____

MOTHER'S NAME _____ CELL PHONE # _____

FATHER'S NAME _____ CELL PHONE # _____

EMERGENCY CONTACT _____ PHONE _____

TEAM T-SHIRTS

Please indicate which size t-shirt(s) you would like. (Each registered child gets a free t-shirt.)

Youth-medium, Youth-large, Adult-small, Adult-medium, Adult-large, Adult-Xlarge, Adult-2Xlarge

SIZE(s) _____

TEAM SWIM SUITS

RESC Team is using a new suit this year: **TYR Poseidon**. This suit will be used next year.

FEES

The cost for \$100 for each child. All fees must be paid before swimmers can participate in events. Please make checks payable to RESC.

ABSENCES

Please indicate below any dates that your child will not be able to participate in swim meets due to vacation, camp, etc. If you expect to be gone but do not know the dates now, please **let the coaches know in writing one week before** any upcoming meet. This assists them in planning for meets.

Dates of Absences: _____

SWIM EXPERIENCE

Did your children participate in any winter swim programs this year? **Yes** ____ **No** ____

If yes, which program? _____ How would you rate the program? _____

Release of Liability

I/we _____ do(es) hereby authorize and permit my/our child(ren)

- to participate in the Swim Team activities conducted by Regency Estates Swim Club
- to receive emergency medical treatment from qualified personnel, in the event that I cannot be reached in a medical emergency.
- names and /or photos to be displayed on the Regency Estates Swim Club's website in conjunction with Swim team activities.

Permission and Release

In consideration for the privilege of participation in said activities, the Parent does hereby, on behalf of his/her minor child(ren) RELEASE, INDEMNIFY AND HOLD HARMLESS the Montgomery County Swim League, the Regency Estates Swim Club, the coaching staff and the RESC Board and its representative from all liability for damages and injuries of every kind to the person and property of the Parent's minor child(ren). This release of liability shall pertain to injuries and losses occurring on or off the Swim Club's premises, during or because of Swim Team practice, travel, competition or related activities.

Assumption of Risk

The Parent does hereby acknowledge that there are certain risks inherent in the very nature of Swim Team activities, including the risk of bodily injury. It is understood that such risks include, but are not limited to, impact or contact with natural or man-made objects, chemicals, substances or other persons. It is further acknowledged that injury may arise from known or unknown health problems and from foreseeable and unforeseeable causes.

Having fully considered the risks, the Parent does hereby ASSUME ANY AND ALL RISK involved in the Swim Team participation and does hereby RELEASE Montgomery County Swim League, the Regency Estates Swim Club, the coaching staff and the RESC Board and its representative from any and all liability for injury or loss as herein described.

Parent Signature

Date

Children's

Last Name: _____ **Contact Name:** _____

Email: _____

Phone: _____

PARENT PARTICIPATION

For a successful season, we rely on the active participation of ALL PARENTS to support their CHILDREN!

ALL PARENTS MUST VOLUNTEER TIME TO SUPPORT THE TEAM IN ORDER FOR US TO FUNCTION! Please circle at least three swim meet events (in addition to Time Trials - where we will

need everyone) that you will be able to support during this year's swim team season:

TYPE OF SUPPORT YOU'D LIKE TO PROVIDE (Circle interest):

- Food Support:** food prep, concession sales, shopping, set up and clean up
- Timing:** standing at pool and operating stop watch, recording times
- Computer Operations:** sitting at computer, entering data, printing and posting reports (clinic for automation available on June 2 & 9)
- Ribbon Writing:** putting swimmers' names and events on appropriate ribbons
- Clerk of Course:** line up kids before sending them to starting area of pool, match kids w/ entry forms

Certified Positions Requiring Attendance of One Training Session Prior to First Meet: (Official Clinics held at local pools on following days: May 26, June 7, 10 and 14 - See Reps for details)

- Starter:** operates Colorado Starting Equipment and starts the swimmers in each race
- Stroke and Turn Judge:** watches swimmers and disqualifies any swimmers with illegal strokes/turns
- Referee:** Supervises and reviews disqualifications, and generally runs the meet

SWIM MEET EVENTS (Check at least 3 besides Time Trials)

Will you children be attending Time Trial? **Saturday June 13th Time Trials at RESC**

MCSL MEETS:

- Sat June 20 - 9:00am away at Poolesville
- Sat June 27 - 9:00am at RESC with River Falls
- Sat July 4 - 9:00am at RESC with Damascus
- Sat July 11 - 9:00am away at Cedarbrook
- Sun July 12 - 9:00am Relay Carnival at RESC
- Sat July 18 - 9:00am at RESC with Kentlands
- Sat July 25 - 8:00am Divisionals at Poolesville

Other MEETS:

- Wed June 17 - 6:00pm at RESC with Cedarbrook
- Wed June 24 - 6:00pm away at Merrimack
- Wed July 1 - 6:00pm away at Tilden Woods
- Wed July 8 - 6:00pm at RESC with Potomac Glen
- Wed July 15 - 6:00pm at RESC with Bethesda
- Sun July 19 - 8:00am Mini Meet at RESC