

FAMILY NAME: _____

SWIMMER'S NAME LAST, MIDDLE INITIAL, FIRST	SEX	DATE OF BIRTH	AGE AS OF 6/1/2021	JUNIOR TEAM**
1.				
2.				
3.				
4.				

****Suggested for children who are 5-7 years old, are new to swim team, and are comfortable in the water. New Junior Team members swimming ability will be tested on a date TBD in May and acceptance to the team will be determined by the coach.**

ADDRESS:	
**EMAIL 1:	EMAIL 2:

****At least one email address is required. Communication will occur through email.**

MOTHER'S NAME			
MOTHER'S PHONE	(H) _____	(W) _____	(C) _____
FATHER'S NAME			
FATHER'S PHONE	(H) _____	(W) _____	(C) _____

EMERGENCY RELEASE

In the event of an emergency, I hereby authorize the Rockville Swim Team Coach(es) to seek medical attention for my above stated child(ren). In the event of a life threatening emergency, my child will be taken to the nearest available hospital.

PARENT SIGNATURE: _____

Health Insurance Information

Insurance Name:	
Policy Holder Name:	Identification No.
Group No.	
Primary Care Physician:	PCP Phone:
Preferred Hospital:	



FAMILY NAME: _____

PARENT AGREEMENT

Initial each statement:

_____ As a parent, I agree to uphold the mission of Rockville Swim Team, to promote the sport of swimming, encourage teamwork and individual achievement while fostering good sportsmanship and positive behavior and social interaction.

_____ I understand that the Rockville Swim Team **will not tolerate** unsportsmanlike behavior, inappropriate language, bullying/teasing, disrespect to coaches, parents and/or other team members, bodily injury to others, or damage to property done by my child.

_____ I understand that if my child is repeatedly disciplined for one or more of the actions listed above at practices and/or meets, disciplinary action will be decided by the board and may include expulsion from the team with no refund.

_____ I understand that Rockville Swim Team relies **solely** on parental involvement to make meets run smoothly and that it is my responsibility to sign up to work one half of each meet. **I also understand that if I have not signed up for a job by 6pm the day before a meet, a job will be assigned to me and given to me at the time of meet sign-in.**

_____ I understand that all communication will take place through email or the BAND app and I agree to check my email regularly and download the BAND app to my phone and allow notifications. **ALL PRACTICE CHANGES DUE TO WEATHER WILL BE COMMUNICATED THROUGH BAND.**

_____ I understand that in order to participate in the season, I need to create an account for each of my swimmers on the Swimmingly website. Without this account, my swimmers will be unable to participate in meets. I will also need to download the Swimmingly Fan App to see my child's results.

Rockville Racers swim team relies on parental involvement to be successful. We need parents to train for certified positions, such Strokes and Turns, Clerk of Course, Head Table Worker, or Computer Representative. Please let us know if you are willing to discuss one of these positions. Y N Which position? _____

Registration will include an RVDC swim cap. No refunds will be given after June 1st

NUMBER OF CHILDREN	COST	TOTAL
1 CHILD	\$100	
2 CHILDREN	\$175	
3 CHILDREN	\$240	
4+ CHILDREN	\$300	
	TOTAL	

*****REGISTRATION FOR THE TEAM WILL ALSO REQUIRE PARENTS TO CREATE A SWIMMINGLY ACCOUNT FOR EACH OF THEIR CHILDREN FOR \$18 PER SWIMMER.*****

MAIL REGISTRATIONS WITH PAYMENT TO:

**ROCKVILLE SWIM TEAM C/O JULIE ZUBRIS
P.O. BOX 111, ROCKVILLE, VA 23146
(MAKE CHECKS PAYABLE TO ROCKVILLE SWIM TEAM)**