

## **2020 Calmar Area Swim Team Registration!**

It is almost pool season!!! That means Swim Team is right around the corner. Swim Team will run during the summer months and meets will take place on Tuesdays and Thursdays. A specific practice schedule and meet schedule will be sent out on a later date.

To register online, go to [www.southwinnrec.com](http://www.southwinnrec.com). Go to the Programs & Registration drop menu and select Summer 2020 Programs. You can also register by mail or dropping the completed form and payment to the Rec Department, office #110 in the Wilder Building at NICC.

Please make checks payable to: South Winn Rec. Once signed up, be sure to check out our Facebook Page "2020 Calmar Area Swim Team" for all announcements.

### **Other Details:**

-Ages: 5 years old to 18 years old. It is required by the conference rules that swimmers are able to swim the length of the pool.

-We host the conference swim meet this season! The date is July 11th. Watch for more information to come with lots of opportunities to get involved!

-Fees: \$45 for one swimmer, \$80 for two swimmers, \$115 for three swimmers, and \$150 for four swimmers. This payment will also include a CAST t-shirt for all swimmers!

-Due Date: **Registration forms and payment are due by 5:00 pm, April 24th, 2020. A late registration fee of \$15 will be added to any registrations received after April 24.**

-Please refer all questions to Nicole Ondrashek. Phone: 563-379-3156 or email:

[calmarareaswimteam@gmail.com](mailto:calmarareaswimteam@gmail.com) **NOTICE THE NEW EMAIL!!**

We look forward to a fabulous swim team season!!



## 2020 Swim Team Registration Form

### Family Information

Name of Parents: \_\_\_\_\_

Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Preferred Cell Number \_\_\_\_\_ Email \_\_\_\_\_

Alternate Number \_\_\_\_\_

### Athlete Information

First/Last Name	Age	Birthdate	M/F	Shirt Size
Child 1 _____	_____	_____	_____	_____
Child 2 _____	_____	_____	_____	_____
Child 2 _____	_____	_____	_____	_____
Child 3 _____	_____	_____	_____	_____
Child 4 _____	_____	_____	_____	_____
Child 5 _____	_____	_____	_____	_____

### Permission, Release and Emergency Treatment

As a parent and/or guardian of the minor child(ren) listed above, I grant permission to participate in the Calmar Area Swim Team.

By granting permission I hereby acknowledge that the risk of injury, which could lead to permanent disability, or even death, is inherent in any athletic activity. Furthermore, I understand that the possibility of a catastrophic injury does exist even though the proper rules and techniques are followed to the fullest.

I hereby assume such risks of injury on behalf of my child(ren) and myself and will not hold the Calmar Area Swim Team, its coaches, volunteers or funders responsible for accidents taking place during practice or sponsored meets/ activities.

I hereby authorize treatment by a qualified and licensed medical doctor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his/her life cause disfigurement, physical impairment, or undue discomfort if delayed. This authority is granted only after reasonable effort has been made to contact me. Furthermore, I accept all financial responsibilities for necessary treatment and services.

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Please list an emergency contact if above named person(s) are unavailable:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Please list each child's medical allergies, chronic illness or other medical conditions we should be aware of:

\_\_\_\_\_

Signature: \_\_\_\_\_