

## TCST SWIM TEAM REGISTRATION: Chapel Hill Tennis Club Members

<u>Name of Swimmer</u>	<u>Sex</u>	<u>Birth date</u>	<u>T-shirt size (circle one)</u>			
1. _____	_____	_____	YS	YM	YL	AS    AM    AL    AXL
2. _____	_____	_____	YS	YM	YL	AS    AM    AL    AXL
3. _____	_____	_____	YS	YM	YL	AS    AM    AL    AXL
4. _____	_____	_____	YS	YM	YL	AS    AM    AL    AXL

(T-shirts free for swimmers. Sweatshirts and Parent t-shirts available – see apparel order form)

PLEASE PROVIDE INFORMATION REGARDING MEDICAL CONDITIONS OR ALLERGIES FOR ABOVE SWIMMERS:

\_\_\_\_\_  
**Parent Signature**

Pease make out your check to CHTC. **Fees are \$90 for the first child registered in a family and \$85 for all other children.** A late fee of \$10 per child will be added for registrations after June 5. Swimmers will be allowed to swim with the team on a trial basis through Saturday, June 5. Children will receive stroke instruction from the swim coaches but, because of the number of children involved, swim team cannot equate with swim lessons. If a child is unable to swim a length of the pool by the date of the mock meet, the coaches and parent will consult to determine the child's readiness to participate on the team. The deadline for a swimmer to drop is June 5. If a decision is made by that time not to participate on the team, registration fees will be refunded, less a \$15 administrative fee.

Official use only:                      Number of children: \_\_\_\_\_    Total Fee: \_\_\_\_\_    **More Info on Back of Form**

## Parent Information

Parent: \_\_\_\_\_ Email: \_\_\_\_\_  
(Please print clearly. This is the primary method of team communication.)

Swimmer's Email: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Address: \_\_\_\_\_

### Volunteer Sign-Up

**Parents or another designated adult ( i.e. babysitter/ grandparent) are requested to help at all meets in which their child is participating.** There are a small number of jobs that do not take place during meets. Please ask parent reps about those if the parent has to take care of younger children or has a disability that prevents them from working during the meets. **Please check at least two** jobs with which you would be willing to assist. Training will be provided. See parent brochure for descriptions.

_____	Chaperone (pick sex and age group)	_____	Runner
	girls	_____	
	6 & U	_____	Concessions
	7-8	_____	
	9-10	_____	Score Keeper
	11-12	_____	
_____	Timer	_____	Starter
_____	Stroke Judge: requires one evening of training	_____	Computer Input During Meets
_____	Clerk of Course	_____	Social Committee
_____	Place Judge	_____	*work done mostly between meets