

 **2-Week Free Trial Registration Form**

 GCAT proudly offers a two-week free trial to all interested swimmers prior to registering to join the team. This trial allows our coaches to evaluate a swimmers skill level and place them in the appropriate practice group. It also gives your child a chance to experience a few practices and meet some of their future teammates. If your child is interested in joining GCAT, please fill out the information below. E-mail completed forms to trishadibkey@yahoo.com.

*Please print clearly.*

Swimmer’s First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Preferred Name: \_\_\_\_\_\_\_\_\_\_\_\_\_

Swimmer’s Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birthdate: \_\_\_\_\_\_\_\_\_\_ Current Age: \_\_\_\_\_\_\_ Gender: \_\_\_\_\_\_\_\_\_\_

My child will be practicing at the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Richmond Hill or Savannah) location.

Available to start free trial on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (preferred date)

Referred by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or Legal Guardian’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Additional Contact #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City, State, Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are there any physical health concerns the coaches need to know about? If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

INFORMED CONSENT AND DISCLAIMER

I give permission for my child/children (print name(s)) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to participate in GCAT’s swimming practices given at any time, and authorize the coaches or facility lifeguards to administer any first-aid treatment, if necessary, in my absence. I hereby waive, release, and discharge any and all claims for damages for personal accidents/injury, death, or property damage.

My signature also indicates that at the end of the second week, I understand my child cannot participate in another practice without being registered online to join the team.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Parent Signature / Date*

**How to Register Online** *(at the end of the 2-week trial)*

**Go to** [**www.gcatswim.com**](http://www.gcatswim.com) **and click on the box that says “Click Here to Join the Team”** found below the rotating photos. Follow the prompts to register your swimmer(s). This will create a family account, so make sure to enter email and sms number for communications about practices, meets and more.There is a one-time annual fee due at time of registration. Monthly group practice fees are billed to your account on the first of every month regardless of how many practices my swimmer(s) attended. Monthly fees are non-refundable once charged. Accounts can easily be put on hold without paying the annual fee to reactivate when ready to return. Please read the Parent Handbook on our website homepage, listed under Team Information, for even more information.