SHERIDAN STORM

River Country Registration Packet



Welcome to Sheridan Swim Team.

This packet of information contains the forms necessary to become a member of the River Country team. The following forms should be filled out and returned to Coach Thomas Gerek. Payment is due at time of sign-up.

* Account Information Form
* Swimmer Information Form
* Waiver and Release Form
* Photo Authorization Form

PRACTICE SCHEDULE:

* Tuesday, Thursday evenings 5:00-6:00

MEET SCHEDULE:

* TBD
* August 6, 2022 River Country Championships @ Sheridan???

FEES:

Cost $150

* All River Country Duel Meets
* River Country Championship Meet
* Coaching/Practice Fees
* Team Swim Cap

PAYMENT DIRECTIONS:

Return all completed forms and payment to Coach Thomas Gerek.

Checks are to be made out to **Sheridan Swim Team**.

**SHERIDAN SWIM TEAM ACCOUNT REGISTRATION**

**EMAIL ADDRESSES**

* Account Sign-In Email 1

**PARENTS/GUARDIANS**

**GUARDIAN 1**

* First Name Last Name
* Address/City/State/Zip 
* Home Phone Work PhoneMobile Phone

**GUARDIAN 2**

* First Name Last Name
* Address/City/State/Zip 
* Home Phone Work PhoneMobile Phone

**INSURANCE**

* \*Insurance Carrier \*Insurance Phone

**EMERGENCIES**

* \*Emergency Contact \*Emergency Phone

**SWIMMER REGISTRATION**

* \*First Name
* Middle Name  (Enter \* if no middle name)
* \*Last Name
* Preferred Name
* \*Gender       
* Athlete's Cell Phone
* \*Birthday   (MM/dd/yyyy)
* \*Physician Name \*Physician Office Phone
* Medical Information/Notes
* Medication

~~~~ PHOTO AUTHORIZATION FORM ~~~~

SWIMMER PHOTOS

From time to time, photos of our swimmers may be used for team publicity purposes or to illustrate our web site. Individual and/or team photos will be used only with the permission of the parent and Team Board.

PHOTO RELEASE

\_\_\_ YES \_\_\_ NO

I authorize the publication of SST-related photos of my child on the Sheridan Swim Team website.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature of Parent or Guardian)

~~~~ WAIVER AND RELEASE ~~~~

I understand that the coaches of SST can, at any time, remove my child from practice or from the team for disciplinary reasons. The coaches may also remove my child from practice due to health reasons. I understand that if my child is removed from practice or from the team I will be awarded no refund. I understand that the payment fees specified above are based on, but not limited to, age and ability. I understand that I must have an emergency medical form on file or my child will be withheld from the water. Any exceptions to the conditions of the above contract are subject to board approval and must be presented in writing.

I understand and agree that by signing this registration I am registering my child for a two-month period. I agree to pay all monthly training fees assessed for the full registration period.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature of Parent or Guardian or swimmer 18 years or older)

My child has my permission to participate in the Sheridan Swim Team (SST), an affiliate of USA Swimming, Inc. In consideration of acceptance of this entry, I waive all claims for myself, heirs, and assigns for damage that may result from my child participating in this team. The Sheridan Swim Club (SSC), SST, and their representatives will assume no obligation for injuries or damages that I or my child may incur in conjunction with this team. I have read the SST registration packet information and agree to abide by all these policies.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature of Parent or Guardian)