

## 2017 SRA Swim Team Registration

### Swimmers

Name \_\_\_\_\_ DOB \_\_\_\_\_ M F New to team? Y N

Name \_\_\_\_\_ DOB \_\_\_\_\_ M F New to team? Y N

Name \_\_\_\_\_ DOB \_\_\_\_\_ M F New to team? Y N

Name \_\_\_\_\_ DOB \_\_\_\_\_ M F New to team? Y N

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Mother's Cell Phone \_\_\_\_\_ Father's Cell Phone \_\_\_\_\_

Mother's Email Address \_\_\_\_\_

Father's Email Address \_\_\_\_\_

### Registration

Register by mail or by dropping off this form at the SRA office. You can also register and pay online at our website ([www.sra-fun.org](http://www.sra-fun.org)). If you register online, you must still complete the SRA medical release/waiver and the JRAC waiver and turn them into the office.

If you have any question, please contact Kristen Mullins at [kristenmullins14@gmail.com](mailto:kristenmullins14@gmail.com) or (804) 615-0806.

### Fees

Fees for 5-16 year olds are \$105 per swimmer. Register by May 26, 2017 to save \$5 per swimmer (you pay \$100 per swimmer). Families with 3 or more swimmers pay full price for the first 2 swimmers and \$55 per swimmer after the first 2 (or \$50 per swimmer before May 26). For our 17 and 18 year old senior swimmers, we have a special "senior" rate of only \$25.

### Age Groups

A swimmer will swim all summer with the age group he/she falls into on June 1, 2017. An 18 year old senior who turns 19 after June 1 is eligible to swim the whole season. Please indicate which group your child(ren) will swim with this season.

### Age & Designation

### Name of child(ren) swimming with each group

5-8 year olds- Mites \_\_\_\_\_

9-10 year olds-Midgets \_\_\_\_\_

11-12 year olds-Juniors \_\_\_\_\_

13-14 year olds-Intermediates \_\_\_\_\_

15-18 year olds-Seniors \_\_\_\_\_

## 2017 SRA Medical Release and Waiver

Please complete one form per family

Participant's Name(s) (please print) \_\_\_\_\_

In the event that my child(ren) requires medical attention, I hereby give full authority and consent for Southampton Recreation Association (SRA here and after) and its coaches, staff, and volunteers to provide through a medical staff of its choice, customary medical attention, transportation and emergency services as warranted. I hereby release SRA coaches, staff, and volunteers from all claims that may arise from their good faith exercise of this authority.

Parent's signature \_\_\_\_\_

Print name \_\_\_\_\_

Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

Physician \_\_\_\_\_

Physician phone \_\_\_\_\_

Emergency Contact if you cannot be reached \_\_\_\_\_

Emergency Contact's relationship to you \_\_\_\_\_

Emergency Contact's Mobile Phone Number \_\_\_\_\_

In consideration of allowing me to participate in the SRA Swim Clinic and/or the SRA Swim Team, I hereby release and hold harmless SRA and its officers, employees, volunteers, and other participants of and from, and do discharge and waive, any and all claims, demands, losses, damages, and liabilities, that I may have or sustain arising out of my participation in this activity. I understand and appreciate that my participation in the sport of swimming carries a risk of serious injury, including permanent paralysis or death. I voluntarily recognize, accept, and assume this risk. I recognize that SRA is a 501C(7) non-profit organization that provides recreational programs for children, and that as a participant, I receive the benefits and bounty of that charity.

Signature of Parent or Guardian on behalf of participant \_\_\_\_\_

Relationship \_\_\_\_\_

Date \_\_\_\_\_

**2017 SRA Meet Sheet**  
Swimmer Names and Absences

Name of Swimmer #1 \_\_\_\_\_ Age \_\_\_\_\_

Name of Swimmer #2 \_\_\_\_\_ Age \_\_\_\_\_

Name of Swimmer #3 \_\_\_\_\_ Age \_\_\_\_\_

Name of Swimmer #4 \_\_\_\_\_ Age \_\_\_\_\_

Our Coaches work very hard to prepare our line-up for each meet. Please check below any regular season meets that you know your swimmers will miss. As the season progresses, if any additional absences will occur, please let the coaches know as soon as possible.

	<u>Swimmer #1</u>	<u>Swimmer #2</u>	<u>Swimmer #3</u>	<u>Swimmer #4</u>
Sun, June 11, 4 p.m. Glen Allen @SRA	___ Yes ___ No	___ Yes ___ No	___ Yes ___ No	___ Yes ___ No
Mon, June 19, 6:30 p.m. Westwood@SRA	___ Yes ___ No	___ Yes ___ No	___ Yes ___ No	___ Yes ___ No
Mon, June 26, 6:30 p.m. SRA@Kanawha	___ Yes ___ No	___ Yes ___ No	___ Yes ___ No	___ Yes ___ No
Mon, July 3, 6:30 p.m. SRA@Walton Park	___ Yes ___ No	___ Yes ___ No	___ Yes ___ No	___ Yes ___ No
Mon, July 10, 6:30 p.m. CCV@SRA	___ Yes ___ No	___ Yes ___ No	___ Yes ___ No	___ Yes ___ No
Mon, July 17, 6:30 p.m. SRA@Westwood	___ Yes ___ No	___ Yes ___ No	___ Yes ___ No	___ Yes ___ No
Wednesday, July 26, JRAC Champs GRAP (CSAC)	___ Yes ___ No	___ Yes ___ No	___ Yes ___ No	___ Yes ___ No

