
paid on check # cash other (coach's section)

 **LGRA** **Ginter Park Swim Team**
LEWIS GINTER
RECREATION
ASSOCIATION **Registration**

Welcome to the LGRA Dolphin Swim Team! We are members of the James River Aquatic Club (JRAC) which includes almost 20 teams in the metro area. Our meets and rules for swimmers are governed by JRAC.

The registration fee includes a non-refundable fee to JRAC. Additional fees are included in the Swim Team registration to cover expenses for coaching and equipment. The fees for 2011 are \$60. *There will be a \$10 late fee for anyone registering after May 30, 2011.*

Checks should be made payable to Lewis Ginter Recreation Association (LGRA).

Forms and fees can mailed to:
Lewis Ginter Recreation Association, 3421 Hawthorne Ave, Richmond, VA 23222

They may also be brought to the pool during swim team practice.

LAST name	FIRST name	birth date	gender	JRAC classification	1st year?	Fee (after 5/30 add \$10)
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JRAC Age Classifications

The eligibility of a swimmer for a particular age group is determined by his/her age by June 1, 2011.

Mite: 8 years and under

Midget: 9 – 10 years

Junior: 11 – 12 years

Intermediate: 13 – 14 years

Senior: 15 – 18 years

Yes, I am interested in volunteering as a coach's helper, AND I will be at least 13 years old by May 1, 2011

Signature _____

Date _____



Ginter Park Swim Team

Parent Contract

Terms and conditions for team participation:

1. Please make every effort to have your swimmer(s) at practice and meets on time. Realize that your child is working hard and give all the support that you can. Please encourage a good diet, consistent hydration, the use of sun block and good sleeping habits. They will serve your child well.
2. One of the commitments made when you join the Ginter Park Swim Team is to work at each meet. Every family is expected to provide at least one worker per 1st or 2nd half of every meet your child is swimming in. Additionally, for home meets each family is encouraged to bring one item for the food concession stand. The income generated from the food concessions is needed to pay for various swim team needs.
3. Please make an effort to stay off the pool deck during swim practices. Practices may be observed from the upper deck running the length of the pool. Your attention to this team policy will greatly improve the quality of coaching and the ability for the swimmers to give their undivided attention to the coaches. If you need to speak directly to the coach, please do so before or immediately after practice.
4. Please stay updated with the team communications by referring to the Swim Team bulletin board (located on the wall across from the lap pool) for all updates. The bulletin board will house all information regarding practice and meet schedules, as well as volunteer sign up sheets. In addition, email will be used on a regular basis to keep the team informed of updates and changes, so I encourage you to check your mailbox regularly. Please do not hesitate to ask questions when you need clarification through phone or email.
5. Support the team and all of the swimmers by speaking positively about them. If you have a concern with anyone on the coaching staff, you may address your concerns to Diana Vicenti. Together we can adopt and implement strategies to remedy the situation.
6. Each parent and swimmer is responsible for reading and understanding the contents of the Ginter Park Dolphins Handbook.
7. In order to allow the coaches to better prepare for a meet, parents or swimmers should notify one of the coaches as soon as possible if a swimmer is unable to attend a meet. There will be a sign up sheet on the bulletin board each week for you to sign up if your child will not be in attendance at the meet.

Furthermore, in the event that I forget to sign up for a meet, I prefer to be assigned to the following areas in order of preference (please indicate your preferences 1-9).

- | | | |
|--|--------------------------------------|---|
| <input type="checkbox"/> Clerk of Course | <input type="checkbox"/> Head table | <input type="checkbox"/> Food Concessions |
| <input type="checkbox"/> Heat winner ribbons | <input type="checkbox"/> Officiating | <input type="checkbox"/> Runner |
| <input type="checkbox"/> Set up and clean up | <input type="checkbox"/> Timing | <input type="checkbox"/> Mite helper |

I understand and agree to the above terms and conditions of the Ginter Park Swim Team.

Signature _____

Date _____



Ginter Park Swim Team

Contact Information

Please print clearly since this info may be used if we urgently need to get in touch with someone.

	1st Parent or Guardian	2nd Parent or Guardian	Emergency Contact (not living with you)
Name			
Address			
Home Phone#			
Cellphone or Work #			
Email			
Additional info			

Medical Release

Health Insurance Co. _____

Policyholder's name _____ Policy # _____

Hospital preference _____

Primary physician _____ Phone # _____

Do any of the swimmers you are registering have any known allergies or other medical conditions that the coaches and swim team staff should know about? Please list. _____

Waiver of Liability: I represent and warrant that my child/children as listed above are in good health and have no physical conditions that would endanger my child's health or safety if they were to participate in vigorous physical activity. For and in consideration of the benefits derived from my participation in the LGRA Swim Team program, I assume all risks incidental to such participation and do hereby indemnify, release and hold harmless the LGRA Swim Team, its coaches, employees and agents from all claims of any kind whatsoever, which may arise or hereafter accrue in connection with my participation in the activities of the LGRA Swim Team.

Consent to Participate: As parent/guardian of the above listed minors, I grant them permission to participate in all activities of the LGRA Swim Team and by my signature hereto agree to be bound by the terms and conditions of the paragraph set forth above.

Medical Release: further grant permission for appropriate medical treatment to be given to my child/children as listed above in an emergency, and will be solely responsible for any medical costs that may arise.

Parent / Legal Guardian Signature: _____ Date: _____