



# CHERRY VALLEY TIGERS SWIM TEAM REGISTRATION FORM (2011)

The Cherry Valley Tigers swim team is open to our Swim Club Members for ages up to 18 years old. The minimum requirement is to swim one 25 meter lap of free style which will be subject to the coaches' evaluation. The swim team registration form along with the attached waiver must be returned prior to first practice.

Parent(s) Names: \_\_\_\_\_ Email Address: \_\_\_\_\_

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

Phone #'s Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Swimmers Name	Date of Birth	Male/Female	T-Shirt Size (YL, AS, AM, AL, AXL)	Fee
				\$85
				\$85
				\$75
				\$75

**REGISTRATION FEE: 1st and 2nd Child \$85 3rd or more \$75**

\*Fees Per Swimmer – include Spring Warm-Up, all swim team fees, insurance, T-shirt & cap

**TOTAL FEE** \_\_\_\_\_

**Make Checks payable to:** Cherry Valley Swim Club

**Return Registration and Waiver to:** Ms. Maryann Bruno  
109 Columbia Blvd  
Cherry Hill, NJ 08002

### SPRING WARM-UP

*Included in everyone's swim team dues are eight, one hour, spring warm-up sessions at Future Fitness Powered by AFC as follows:*

**Saturday** 4:15-5:15 PM (4/30, 5/7, 5/14, 5/21)

**Sunday** 6:45-7:45 PM (5/1, 5/15, 5/22) Sun. 5/8- 5:30-6:30

**We will participate:** Y or N (circle)

### VACATION PLANS

*The swim season is finished the first week of August. Especially with a small team, it's important that all swimmers be available for all meets. Please work vacation plans around the following meets and let us know what your vacation plans are as soon as possible. Please identify (circle) which meets your swimmers are NOT available for due to conflicts.*

**A-Meets** 6/25 7/2 7/9 7/16 7/23

**B-Meets** 6/30 7/7 7/14 7/21

**Championships** 7/30 (Cherry Bowl) 8/6 & 8/7 (Tri-County)

*I understand that all families are expected to volunteer and participate in the swim team program. I agree to review the team rules with my children and participate in the fundraising, meet operation or other swim team activities. I understand that if my child does not swim in the required minimum of 2 meets, or if my family does not volunteer in at least two swim team activities during the year, I will reimburse the swim team \$30.00 per swimmer (gift and other costs).*

Parents Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Cherry Valley Swim Club

## **TRI COUNTY SWIMMING POOL ASSOCIATION PERMISSION TO PARTICIPATE AND LIABILITY RELEASE 2011 SUMMER SWIMMING SEASON**

I, \_\_\_\_\_,

the parent(s)/guardian(s) of

\_\_\_\_\_  
(List all swimmers names)

agree to allow my child(ren) to participate in the TRI-COUNTY SWIMMING POOL ASSOCIATION (TCSPA) swim program as a member(s) of the Cherry Valley Swim Club swim team and hereby release TCSPA, its officers and/or staff members, and Cherry Valley Swim Club, its staff, agents and/or employees from liability for any injury that may occur to myself or my child(ren) and family member(s) while participating in the TCSPA swim program, including travel to and from training sessions or other scheduled activities.

I agree to indemnify and hold harmless the above mentioned organization and/or individuals, their agents and/or other family members or damage to my property, the property of my children and/or other family members, or both, while I or my child(ren) and/or family members are participating in the program.

I agree to reimburse the above parties for any damages they are compelled to pay arising from any such claims, demand, action or cause of action by myself or my child(ren) or family members.

I have noted below any medical history or problems of which the staff should be aware that would or could affect training and/or competition.

NAME \_\_\_\_\_

(Please Print)

SIGNED \_\_\_\_\_ Date \_\_\_\_\_

(Participant if over age 18 or Parent/Guardian)

MEDICAL HISTORY /PROBLEMS:

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