

# 2017 Windsor Region Rebels Swim Team

## Swim Team Registration Form

Windsor Region Summer Club Swim Team is open to interested swimmers 18 years old and younger.  
Each swimmer must be able to swim one length of the pool without stopping.

**\*\*Swim Team Membership Limited to First 75 Registered Swimmers**

**RipTide Pool Management Pool Members (HighPointe, Ptarmigan, Windshire, Highland Meadows): \$125/swimmer**  
**Nonmembers: \$150/swimmer**

\$20 Late Fee per swimmer assessed after Registration Deadline: June 12th 2017

**(Please print clearly)**

Swimmer's Ability: **Beginner / Intermediate / Advanced** (circle next to name)

Swimmer's name: \_\_\_\_\_ Sex: \_\_\_ B / I / A Age: \_\_\_\_\_ Birth date: \_\_\_/\_\_\_/\_\_\_

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Member of HighPointe, Windshire, HighLand Meadows, or Ptarmigan  Nonmember

Parents' Names: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail address(es): \_\_\_\_\_

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

Relationship: \_\_\_\_\_

**Exclusionary Clause**  Check here if you would **NOT** like swimmer's name and/or photo on the team website.

In case of medical emergency, I give my permission for my child to receive emergency medical treatment as deemed necessary. I certify that the above named swimmer(s) is/are covered by medical insurance. I understand that HighPointe Estates Pool or RipTide Pool Management does not maintain any form of medical insurance for swim team members. I expressly understand and agree that no officers, agents, volunteers, assistants, or employees of the HighPointe Estates Metro District or RipTide Pool Management shall be responsible or made the subject of any claims seeking damage or loss of any sort to myself or other person(s) on whose behalf this form is now signed as a result of actual or proposed participation on the Windsor Rebels team.

Parent/Guardian (Printed / Signature) \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

### Expectations of swimmers:

- Attend workouts regularly and on time.
- Inform coaches with as much notice as possible (at least one day) when unable to participate in a meet.
- Be courteous, respectful, and use appropriate behavior with the coaches and other team members.

Signed:

Swimmer #1 \_\_\_\_\_

Swimmer #2 \_\_\_\_\_

Swimmer #3 \_\_\_\_\_

Swimmer #4 \_\_\_\_\_

### Parents' Responsibilities:

- Ensure my swimmers are at practice on time.
- Provide items for swim meet concessions as assigned.
- Take part in swim meet duties or other volunteer position when assigned. If you are unable to fulfill your obligation, it is your responsibility to find a replacement.

Parent Signature(s):

\_\_\_\_\_/\_\_\_\_\_

Known vacation dates during swimming season:

\_\_\_\_\_

**Volunteer Preference: Each family is required to volunteer for at least 2 major functions at home meets and/or team parties. Training will be provided for all positions. Sign up sheets will be available at the Parent Meeting.**

**Please complete this form and return with payment to:**



**RipTide Pool Management: PO Box 535 Windsor, CO 80550**  
**[www.riptidepoolmanagement.com](http://www.riptidepoolmanagement.com)**

