## Whitesburg Recreation Association Swim Team Registration Form



## **Swimmer(s) Information:**

Last Name	First Nar	ne	MI	DOB	Age	M/F
Parent Information:						
De contra						
Parents:						
Address:						
Street		City	,	State	Z	Zip
Home Phone:	\	Work Phone				
Cell Phone:		E-Mail Addre	ess:			
Cell Phone:	E-Mail Address:					
Medical Release:						
Medical Melease.						
Please list any medical problem or	allergies that your ch	ild may have	e:			
How do we need to treat the prob	olem:					
I give permission for my child to b	e treated in an emerge	ency in the e	vent l	cannot be reached.		
8 permission, e	g.	,				
Sign of the second						
Signature Emergency Numbers:			D	ate		
Emergency Numbers.						
Name:		Ph	one: _			
•		51				
Name:		PN	one: _			
Doctor's name:		Ph	one: _			
					Make check	rs navahla:
Fees: 1 Swimmer: \$86 / 2 Swimm	ers: \$127 / <b>3+ Swim</b> m	ners: \$147		Whitesburg Recrea		
Swim and Dive Membership:	· · · · · · · · · · · · · · · · · · ·					
# Swimmers: D	ue		Tota	al Due:	_	
	ue		_		<b>.</b>	
# Trophies: (\$10 ea.) D	ue		Amo	ount paid:	_Check #:	

## Whitesburg Recreation Association Swim Team Volunteer Form

Each family that has a swimmer on the Whitesburg Swim Team is required to work at least 3 swim meets. We rely heavily on the support of our team parents. Your commitment during the swim season is greatly appreciated. Please check which jobs below you would like to volunteer to work during the summer. Thank you!

Volunteer's Name(s):			-
Volunteer Position	Home Meet	Away Meet	_
Referee *	1 needed	0 needed	-
Starter *	1 needed	0 needed	
Place Judge - Caller	1 needed	1 needed	
Place Judge - Scribe	1 needed	1 needed	
Stroke & Turn Judge *	1 needed	1 needed	
Runner	1-2 needed	0 needed	
Timers/Head Timer	7 needed	2 needed	
Scoring Table / Computer	3 needed	2 needed	
Ribbons	2 needed	2 needed	
Bullpen	1-2 needed	1-2 needed	
Concessions Coordinator	1 needed	0 needed	
Concessions Worker	4-6 needed	0 needed	
Volunteer Coordinator	1 needed	1 needed	

1 needed

1 needed

**Fundraising Coordinator** 

<sup>\*</sup> Training required. Please see the swim representative for information on exact requirements and available training sessions. These positions are essential and we are in need of as many new officials as possible. Please consider taking the training and test.