

Questions????: swimteam@highlandpointe.org or fincher6@bellsouth.net

HP Piranhas Swim Team Registration Form 2016

Parents Name(s)_____;

(Mother: Last, First)

(Father: Last, First)

Address:_____

Phone:Hm-_____ mother's cell_____ father's cell_____

E-Mail(print clearly)_____

Are you a Highland Pointe resident?_____Do you live in Mtn. Creek or Wigley Preserve?_____

Note: *Highland Pointe residents AND Mountain Creek/Wigley Preserve residents must be members of HPRA(Highland Pointe Rec. Association.) in order to participate!!!!!!*

Swim caps(Red) can be purchased for an additional \$5 per cap(see below) --not required

Name of Swimmer	Gender	Age on 5/31/16	Date of Birth	swim cap(add \$5)
_____	_____	_____	_____	\$_____ + _____ = _____
_____	_____	_____	_____	\$_____ + _____ = _____
_____	_____	_____	_____	\$_____ + _____ = _____
_____	_____	_____	_____	(4 th child free)+ _____ = _____

Give the name(s) of any of the above who did year-round swimming this year._____

Cash:_____Check#:_____ Total:_____

*****Make checks payable to **HIGHLAND POINTE SWIM TEAM*******

Residents **\$100**(1st child) **\$85**(2nd child) **\$15** off for each add. **\$45** ages **13** and up

Non-Residents **\$115**(1st child) **\$100**(2nd child) **\$15** off for each add. **\$55** ages **13** and up

***** Parents have a commitment to work up to 3 sessions(1 session= half of a meet) per child.

PARENT SIGNATURE : _____

No USS or school swim caps or suits allowed*No tobacco, alcohol, etc, in pool area***

Completed forms can be turned in at registration on 3/30 or at 4235 North Mountain Rd

Volunteer Duties-Choose at least 2 :

_____Timer _____Judge _____Runner _____score keeper

_____Heat Coordinator(event # flipper)

_____ Concessions(_____1st shift, _____2nd shift, _____3rd shift)

****Concession shifts 1st: 4:15-6, 2nd: 6:00-7:45, 3rd: 7:45-end**

****All other duties: 1st half: events #1-43 2nd half: events #44-86**

****Parents who only have 5-6 yr olds will be scheduled to work for the first half unless otherwise requested since they only swim during the first half of the meet.**

*****Check if applicable: _____I can make food for the concession stand**

_____I can work 2 shifts in one meet _____I prefer to work the 2nd half of a meet

*****Parents of rookie swimmers will sign up to work a shift in the concession stand at a later date**

-----**Detach and keep**-----

Practice Schedule: Wed May 11 through Tue May 24 (No practice May 25th)

5-6(and beginner 7 yr olds): 4:20-5:00

7yrs(advanced)--10 yr olds: 5:00-5:45

11yrs and up: 5:45-6:30

*****4 year olds and Rookie League will begin on Thurs May 26th**

Note: Any child 7 years of age or younger who cannot swim the length of the pool without assistance will practice with the **Rookie League**

*****Morning practices for all age groups will begin May 26.**

Don't forget to fill out the T-shirt form! All swimmers receive a free T-shirt.

T-Shirt Form

Last Name: _____

****Please select from the following sizes:

YS, YM, YL, AS, AM, AL, AXL

Name of swimmer

Size

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Parents can purchase shirts for \$15 each(cash or check)

*****Checks should be made out to Dr. Jerry Smith*****

Name of Parent

Size

_____	_____
_____	_____