

\*\*\*PLEASE NOTE: NEW E-MAIL ADDRESS for 2014- [swimteam@highlandpointe.org](mailto:swimteam@highlandpointe.org)

## HP Piranhas Swim Team Registration Form 2014

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

Name of Swimmer(first and last) Age on 5/31/14 Date of Birth swim cap(add \$5)

_____	_____	_____	\$_____ + _____ = _____
_____	_____	_____	\$_____ + _____ = _____
_____	_____	_____	\$_____ + _____ = _____
_____	_____	_____	(4 <sup>th</sup> 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 **\$90**(1<sup>st</sup> child) **\$75**(2<sup>nd</sup> child) **\$15** off for each add. **\$35** ages **13** and up

Non-Residents **\$110**(1<sup>st</sup> child) **\$95**(2<sup>nd</sup> child) **\$15** off for each add. **\$45** ages **13** and up

\*\*\*\*\*I give permission for my children to swim on the Highland Pointe Swim Team. I know that I 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*

Forms can be turned in at registration or at 4235 North Mountain Rd or by e-mail

**Swimmer Availability**(write the swimmers' name next to the date if **NOT AVAILABLE** to swim)

Thurs May 29<sup>th</sup> \_\_\_\_\_

Thurs June 5<sup>th</sup> \_\_\_\_\_

Thurs June 12<sup>th</sup> \_\_\_\_\_

Thurs June 19<sup>th</sup> \_\_\_\_\_

Thurs June 26<sup>th</sup> \_\_\_\_\_

**\*\*Banquet is tentatively scheduled for Fri June 27th**

### **Volunteer Duties-**

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.

Choose at least 2 :

\_\_\_\_\_Timer    \_\_\_\_\_Judge    \_\_\_\_\_Runner    \_\_\_\_\_score keeper

\_\_\_\_\_Heat Coordinator(event # flipper)

\_\_\_\_\_ Concessions( \_\_\_\_\_1<sup>st</sup> shift, \_\_\_\_\_2<sup>nd</sup> shift, \_\_\_\_\_3<sup>rd</sup> shift)

Concession shifts 1<sup>st</sup>: 4:15-6, 2<sup>nd</sup>: 6:00-7:45, 3<sup>rd</sup>: 7:45-end

All other duties: 1<sup>st</sup> half: events #1-43    2<sup>nd</sup> half: events #44-86

**\*\*\*Check if applicable:** \_\_\_\_\_I can make food for the concession stand

\_\_\_\_\_I will work 2 shifts in one meet    \_\_\_\_\_I can help with the banquet

\_\_\_\_\_I prefer to work the 2<sup>nd</sup> half of a meet

\_\_\_\_\_I will make food to sell in the concession stand

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

## T-Shirt Form

Last Name: \_\_\_\_\_

(Free for all swimmers)

\*\*\*\*Please select from the following sizes:

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

Name of swimmer

Size

_____	_____
_____	_____
_____	_____
_____	_____

Parents can purchase shirts for \$10 each(cash or check)

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

Name of Parent

Size

_____	_____
_____	_____