

Questions????: [swimteam@highlandpointe.org](mailto:swimteam@highlandpointe.org) or [fincher6@bellsouth.net](mailto:fincher6@bellsouth.net)

## HP Piranhas Swim Team Registration Form 2015

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

Name of Swimmer(first and last) Age on 5/31/15 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 **\$95**(1<sup>st</sup> child) **\$80**(2<sup>nd</sup> child) **\$15** off for each add. **\$40** ages **13** and up

Non-Residents **\$110**(1<sup>st</sup> child) **\$95**(2<sup>nd</sup> child) **\$15** off for each add. **\$50** 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 3/25 or at 4235 North Mountain Rd

**Volunteer Duties**-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

**\*\*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 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

**Practice Schedule:** Mon. May 11 through Wed. May 20 (Practice begins May 11<sup>th</sup>)

6-7 yr olds: 4:20-5:00

8-10 yr olds: 5:00-5:45

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

**\*\*\*4-5 year olds and Rookie League** will begin on Tues May 26<sup>th</sup>

Note: Any child 7 years of age or younger who cannot swim 2 lengths of the pool without assistance will practice with the **Rookie League**

**\*\*\*Morning practices** for most age groups will begin May 22.

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

_____	_____
_____	_____