



FEAR THE BLAST!

www.braemarblasters.com

BRAEMAR BLASTERS SWIM TEAM '09 SUMMER REGISTRATION
OPEN HOUSE REGISTRATION AT CEDAR POINT ELEMENTARY SCHOOL
DATES: SATURDAY, APRIL 18th 3-5p.m & SUNDAY, APRIL 26th 1-3p.m.

Swimmer Name: _____ M/ F (circle one) DOB _____ age as of 6/1/09 _____

Please indicate if swimmer is registering as a Blaster or a Microblaster (circle one) *see page 2 for more information.

Medical Conditions: _____

Swimmer Name: _____ M/ F (circle one) DOB _____ age as of 6/1/09 _____

Please indicate if swimmer is registering as a Blaster or a Microblaster (circle one)

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Swimmer Name: _____ M/ F (circle one) DOB _____ age as of 6/1/09 _____

Please indicate if swimmer is registering as a Blaster or a Microblaster (circle one)

Medical Conditions: _____

Swimmer Name: _____ M/ F (circle one) DOB _____ age as of 6/1/09 _____

Please indicate if swimmer is registering as a Blaster or a Microblaster (circle one)

Medical Conditions: _____

Parent(s) Names: _____

Are you new to the team? Yes _____ No _____ Are you a Braemar Resident? Yes _____ No _____

Address: _____

E-Mail: _____ Please note that email is the main method of team communication.

Is this a new Email address? Yes _____ No _____

Home Phone: _____ Cell Phone/s _____

Emergency Contact Name: _____ Emergency Contact Phone #: _____

Referred By: _____ *complete only if you are new to the team

FEE: \$150.00 per swimmer (make checks payable to Braemar Blasters Swim Team). Each swimmer will receive a team suit, a team shirt, a swim cap, and end of year trophy included with this fee. Please note all fees are non-refundable.

ELIGIBILITY*:

Blasters: Children who will be participating in meets must be able to swim one stroke across the pool (25 meters) without stopping. Meet eligibility will be determined by the coaching staff during the season.

Microblasters: Children who are joining the team as Microblasters must be at least four years old and be comfortable in the water, able to swim several feet unassisted. Microblasters will not participate in regular meets but will participate in at least one mini-meet during the season. Registration fees are the same for both Blasters and Microblasters. Microblasters will receive a team suit, t-shirt, cap and trophy. Practice will be 30 minutes long and will begin June 22nd through the end of the season. Practice times TBA.

*Questions about eligibility should be directed to Coach Will or Coach Karen.

PARENT PARTICIPATION IS MANDATORY: The Braemar Blasters Swim Team is a volunteer organization. The swim meets are run by parent volunteers without whom the swim team would not operate. One parent per swim family is required to choose and fulfill a volunteer position for the course of the season. Parents must sign up for a volunteer position as part of the registration process.

Volunteer position _____ **Volunteer coordinator initials** _____

PHOTO RELEASE: I give my permission for my child/ren's picture to be used on the team website and/or in local team promotional publications or advertisements. Yes _____ No _____

I/we have read and understood the code of conduct:

Signature of Parent: _____

Signature of Swimmer: _____

Signature of Swimmer: _____

Signature of Swimmer: _____

Signature of Swimmer: _____

Disclaimer: I agree to abide by all facility rules and regulations. I represent that I have **NO** life threatening conditions. I know that swimming and water activities involve a degree of risk. By participating in the program, I accept all risks associated with the use of the facility and participation in the program. If the participant is a minor, I accept the risk on his/her behalf as his parent/legal guardian. I hereby release the Braemar Swim Team and The Freedom Center, its employees, pool committee members and independent contractors from any and all damages for personal injuries arising in any way from use of the facility or participation in the program and I agree to look solely to my insurance to pay any damages I suffer. If the participant is a minor, I execute this release on his/her behalf as his or her parent/legal guardian. As a member of the Braemar Community, I agree to abide by the Braemar Pool rules and regulations. This includes the understanding that any child below the age of 12 may not be admitted to the pool without a parent or legal guardian. This includes swim practices and competitions.

SIGNATURE: _____
Parent/Legal Guardian

DATE: _____

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FOR TREASURY USE ONLY:

Date: _____ Amt Pd: _____ Initials: _____

Swimmers: _____ Cash: _____ Ck #: _____

Name on Check if Different from Swimmers: _____