



Old Orchard Swim Team 2011 Registration Form



This form must be signed and returned to the team before the listed child\children can participate in Old Orchard Swim Team activities.

Cost is \$60.00 for the first child and \$50 for each additional, which includes a team t-shirt. Spring Warm Up is \$45.00 for each of the first two children in a family, free after that. Make checks payable to Old Orchard Swim Team. Any questions, please e-mail tricountyrep@oldorchardswimclub.com.

Name(Parent(s): _____

Address: _____ Home Phone _____

e-mail address: _____ Cell Phone: _____

Emergency Phone(s): _____

Emergency Information and Medical Release

I hereby consent to participation by my child/children listed below on the Old Orchard Swim Team.

First Name	Last Name	Birthdate/ T-Shirt Size
		/
		/
		/
		/
		/

I, _____ (parent/Guardian) hereby give permission for any and all medical attention to be administered to my child/children (listed above). In the event of an accident, illness, or anything under the direction of the persons listed below, until such a time that I can be contacted. I give a Certified emergency personnel (i.e., DR., EMT) permission for my child to be treated. I also assume responsibility for all payment for treatment. This release is effective until September 2011.

In case I cannot be reached, any of the following persons is designated to act on my behalf. Coach Meaghan McCotter, Coach Zach Schiavo, or a Tri County Representative.

Physician _____
 Address _____
 Physicians phone number _____
 Insurance Carrier and Group # _____

My child/children have no special medical conditions, except those described below, and is fit to participate on a swim team.

Special Medical Conditions / Allergies: _____

Code of Conduct

As a member of Old Orchard Swim Team, we agree to:

- Abide by all Tri-County Rules and Regulations.
- Consistently display respect, honesty, and sportsmanship toward coaches, teammates, officials, volunteers, parents and competitors.
- Consistently display a positive and supportive attitude toward all teams, coaches, teammates, and competitors.
- To remain in the spectator areas during meets and off the pool deck during practice.
- Refrain from inappropriate or unacceptable behavior such as:
 - The display or use of aggressive behavior or intentional contact.
 - The use of offensive language, including any derogatory reference to any person's race, sex, ethnicity or other characteristics.
 - Any activity that would detract from the positive image of the Old Orchard Swim Team or Club.

Any infraction of this code may result in, but is not limited to, the following actions by the Old Orchard Swim Team Coaches, Old Orchard Swim Team Committee, or Old Orchard Swim Club Board of Directors:

- Removal from practice, future competition, or any team activity for a designated period of time.
- Placement or probation for a designated period of time.
- Removal from the team.

Permission to Participate and Liability Release Form

I, _____, the participant (or the parent(s)/guardian(s) of the participant) agree to participate (or allow my child(ren) and family members to participate) in the TRI-COUNTY SWIMMING POOL ASSOCIATION(TCSPA) swim program as a member of the Old Orchard swim team and hereby release TCSPA, it's officers and /or representatives, Old Orchard swim team, its coaches and staff, agents and /or employees from liability for any injury that may occur to myself (or to my child(ren) and family members while participating in the TCSPA swim program including travel to and from training sessions or to other scheduled activities.

I agree to indemnify and hold harmless the above mentioned organizations and/or individuals, their agents and/or employees against any and all liability for personal injury, including injuries resulting in death to me, my children and/or other family members or damage to my property of my children and /or other family members, or both, while I (or my child(ran) and/or family members).

I agree to reimburse the above parties for any damages they are compelled to pay arising from any such claims, demand, action, or cause of action by me (or my child (ren) and family members).

I have noted on the medical form any medical history or problems of which the staff should be aware that would or that could affect training and/or competition.

I agree to have my child (ren)'s name and age published on the Old Orchard and Tri-County Web site.

SIGNED: _____ **DATE:** _____