

BOYS & GIRLS CLUB OF CLIFTON



SEAHAWKS APPLICATION

PRINT SWIMMER'S NAME: _____

SEASON YEAR: 2014-2015 FALL/WINTER: SEPT.15- MARCH 27

BIRTHDATE: (M/D/Y) _____ / _____ / _____ SEX: M / F (CIRCLE ONE)

EMAIL ADDRESS: (REQUIRED) _____

We will use this to send you important information regarding practices, meets and special notices!

ALTERNATE EMAIL ADDRESS _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE: _____ WORK# _____

PARENT'S NAME:

MOTHER _____ CELL# _____

FATHER _____ CELL# _____

EMERGENCY CONTACT: _____ RELATION _____

EMERGENCY PHONE: _____

T-SHIRT SIZE: _____

BATHING SUIT SIZE: _____

SEAHAWKS AGREEMENT

PLEASE READ COMPLETELY BEFORE SIGNING!!

By signing this, I agree to the Seahawks policies and will do my part in encouraging my child to do his/her best.

I will fulfill my obligations to volunteer for the following:

1. TWO DUAL MEETS (1 shift per meet, per child)
2. To be a timer for every USAS if your child is swimming
 - a. I also understand that if I sign my child up for a USAS meet and my child does not attend, I will pay \$10 per event.
3. WINTER CUP (1 shift per child, per day)

I will fundraise/donate the following:

1. Swim Marathon/T-30 endurance test (Minimum \$20 per child)
2. Case of water, Gatorade, or soda (Will be assigned by the office)
3. Sell AT LEAST \$100 worth of Lottery Raffles (If you are unable to sell for whatever reason, you will need to pay \$100 per child)
4. Bake AT LEAST 24 items per child when scheduled by the office (Items will be sold during Dual Meets and Winter Cup)

Children's Etiquette:

1. I understand that my child is expected to respect and listen to coaches, following their directions.
2. I understand that if behavior continues after a verbal warning and a written report, my child may be terminated or suspended from the team without a refund.
3. My child has agreed to attend practice and meets as stated in the policy.

I understand that failure to fulfill my obligations will result in a \$100 fine per meet, per child. (Includes dual meets, USAS meets, and Winter Cup)

If you feel these policies match those of your swimmer and your expectations then we encourage you to join the Seahawks swim team. If not, then we have other aquatic programs available to you. Please see the Aquatics Director for more information.

My child _____ and I have read, understand, and agree with the Seahawks Swim Team Policies. Violating these requirements could result in dismissal from the program without a refund.

Parent or Guardian's signature

Date

Please *initial and date* each line to assure that you understand the following:

I, _____, understand

A. Practice Policy _____

B. Meet Policy _____

C. Dual Meet Policy _____

D. USAS Meet Policy _____

E. Requirement for parent participation _____