***2024 Wildwood Swim Team Registration***

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| --- | --- | --- | --- | --- | --- | --- |
| Swimmers Name | Date of Birth | Gender | T-Shirt Size -circle  swim cap and shirt included with  registration | Allergies | Fee  Wildwood Member | Fee  Non-Wildwood Member |
| 1. | / / | F M | YS YM YL YXL AS AM AL AXL | Y N | $130 | $230 |
| 2. | / / | F M | YS YM YL YXL AS AM AL AXL | Y N | $115 | $165 |
| 3. | / / | F M | YS YM YL YXL AS AM AL AXL | Y N | $100 | $150 |
| 4. | / / | F M | YS YM YL YXL AS AM AL AXL | Y N | $100 | $150 |
| Training Team - ONLY AVAILABLE TO Wildwood Pool Members age 4-8  TT will have 9 sessions, lasting 30 minutes each over a period of 3 weeks, with a mock meet to complete the session. | | | | | | |
| 1. | / / | F M | YS YM YL YXL | Y N | $ 100 | **N/A** |
| 2. | / / | F M | YS YM YL YXL | Y N | $ 100 | **N/A** |

Registration Fees For Non-Wildwood Members:

The Lynchburg Aquatic League requires swimmers be a member of the pool they represent. Wildwood pool offers a swim team only (STO) membership to swim team members who are NOT Wildwood Members. This membership is ONLY for the swimmer. The costs are inclusive of both the STO membership and the swim team registration.

Payment:

Payment can be made through PayPal. To avoid paying a fee, choose “friend to friend” paypal.me/wwstingrays Payment can be made through Venmo @Bryan-Thilking. Payments can be paid by check. Make checks payable to Wildwood Swim Team. Please mail checks for swim team registration to: Bryan Thilking; 6767 Headens Bridge Rd. Bedford, VA 24523

***\*\*\*ALLERGIES or MEDICAL CONDITIONS\*\*\**** Please describe them and any medications required to treat for each swimmer this applies.

***Photo Release Waiver: Photo Release***: The Wildwood Stingrays Swim Team reserves the right to photograph participants in the Swim Team program for potential future use. All photos remain the property of the Wildwood Stingrays Swim Team and may be used on promotional materials including the Wildwood Stingrays Swim Team website or other purpose determined by the staff and Board of the Wildwood Stingrays Swim Team. The name of a minor will never be associated with the photographs in a public forum.

▢ I give permission for photos of my child to be used ▢ I DO NOT give permission for photos of my child to be used

***Liability Waiver & Medical Consent*** I, the parent/guardian of the named child(ren)on this document, certify that all of the information is correct. I hereby give my approval for my child’s/children’s participation as a swimmer on the Wildwood Stingrays Swim Team, and their participation in any and all Wildwood Stingrays Swim Team activities. I understand that swimming is an action sport carrying the risk of significant personal injury, and do hereby waive, release, absolve, indemnify and agree to hold harmless the Wildwood Stingrays Swim Team, its Coaches, its Board of Directors, sponsors and volunteers while my child participates in practices and meets, of any claim arising out of any injury to my child(ren). Should an accident or injury occur, I hereby authorize the swimmer(s) on this form to be treated by qualified medical personnel and/or be transported to an emergency medical facility.

▢ I have read, understand and agree to the Liability and Medical Waiver

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| --- | --- | --- |
| **Parent/Guardian Name** | **Phone Number** | **Email Address (Checked frequently)** |
|  |  |  |
|  |  |  |
| **Emergency Contact ( please provide 2)** | **Phone Number** | **Relationship** |
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**All summer swim meets are only possible with the assistance of volunteers. Wildwood Swim Team requires that a parent/guardian volunteer for at least 2 swim meets during the regular 6 meet summer. All parents/guardians of a child 10 and under will be required to volunteer as line up parent for at least one meet.**

Parent/Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\**ADMINSTRATIVE ONLY:*

Total Due \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_ Check \_\_\_\_\_\_\_\_\_\_ CC \_\_\_\_\_\_\_\_\_ Cash