



MAVERICK

Summer Swim League

STANDARDIZED SWIMMER REGISTRATION FORM

	Swimmer's Legal First Name/Preferred Name*	MI (required)	Last Name	M/F	Date of Birth	Age as of June 1	Shirt Size**
1							
2							
3							

*Please list both Legal First Name and Preferred Name (if different)

**Available Shirt Sizes: Youth: YXS, YS, YM, YL Adult: AS, AM, AL, XL, XXL, XXXL

Do any of the children listed swim year round? _____ Names: _____

Have any of the children listed achieved a TAGS time or a sectional time? _____

If so, in what event/s, and at what distance? _____

Note: If your child achieves a TAGS time at any USA Sanctioned meet before or during the summer league season, you are to report this information to both your Head Coach and the Team Rep to pass on to the League President.

Address: _____ City: _____ Zip: _____

Home phone #: (____) _____

Mother's Name: _____ Cell #: (____) _____

E-mail: _____

Father's Name: _____ Cell #: (____) _____

E-mail: _____

Emergency Contact Person: _____ Phone #: _____

Extra t-shirt order (\$10 each): Number ____ Sizes: _____

Official Use:

Check Number: _____ Amount paid: _____ Staff Initial: _____



VOLUNTEER INFORMATION

It takes a tremendous number of volunteers to conduct a swim meet, and we need your help! Each family that is part of the Smithson Valley Sea Dragons Swim Team is **REQUIRED** to fill a volunteer position at least **TWO** times during the 2013 season. No experience is necessary. Each job is important and can be fun! Please indicate below which meets you are available to work and which volunteer positions you would prefer.

Name: _____ Phone: _____

2013 SWIM MEETS

- _____ June 3 at Boerne
- _____ June 8 at SVHS
- _____ June 15 at SVHS
- _____ June 24 at Mountain Lodge
- _____ June 29 or 30 Championship Meet

VOLUNTEER POSITIONS

- | | |
|--|-------------------------------------|
| _____ Check In | Ensures swimmers are present |
| _____ Bench Starter | Lines swimmers up for events |
| _____ Ready Bench | Walks swimmers to starting blocks |
| _____ Lane Line Up | Puts swimmers in order in each lane |
| _____ Timer | Times races for half of the meet |
| _____ Runner | Delivers time sheets to scorekeeper |
| _____ Ribbons | Labels ribbons for each event |
| _____ Event Counter | Posts current event number |
| _____ Equipment set up/take down (SVHS meets only) | |
| _____ Concessions (SVHS meets only) | |



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PARENTAL WAIVER AND CONSENT FORM

As the parent or legal guardian of the child(ren) named below, I hereby give my full consent and approval for my child(ren) to participate as a team member in the sport designated below.

I understand that there are certain risks of injury, including but not limited to paralyzing injuries and death, inherent in the practice and play of this sport, as well as in traveling and other related activities incidental to my child(ren)'s participation, and I am willing to assume these risks on behalf of my child(ren). I hereby certify that my child(ren) is fully capable of participating in the designated sport and that my child(ren) is healthy and has no physical or mental disabilities or infirmities that would restrict full participation in these activities, except as listed below.

In addition to giving my full consent for my child(ren)'s participation, I do hereby waive, release and hold harmless the organizations named below, its officers, coaches, sponsors, supervisors, and representatives for any injury that may be suffered by my child in the normal course of participation in the designated sport and the activities incidental thereto, whether the result of negligence or any other cause.

I authorize any or all contracted Head Coaches and Assistant Coaches/Instructors and/or their employer or representatives to have my child(ren) treated in any medical emergency during their participation in this sport. Further, I agree to pay all costs associated with medical care and transportation for my child(ren).

Child(ren)'s name(s) _____

Date(s) of birth _____

Address _____

Please list any physical limitation (allergies, hearing, sight, etc.) _____

Parent Signature _____

Date _____

Name of Sponsoring Organizations: Maverick Summer Swim League, Comal Independent School District, San Antonio Wave, and Smithson Valley Sea Dragons Swim Team

Designated sport: Swimming

We have a special treat this year....

MUTUAL OF OMAHA BREAKout! SWIM CLINIC

Hosted by Olympic swimmer for Team USA - Josh Davis!

This is a fantastic opportunity for young swimmers to meet and swim with an Olympic swimmer! Because our team is so big, we will have two clinics on June 11 from 1:00-4:00 and June 12 from 9:00-12:00. We will target ages 9 and under on June 11 and ages 10 and up on June 12, but we will make exceptions as needed to keep families and carpools together.

The fee for the clinic is \$40 for the first swimmer in each family, \$30 for the second, \$20 for the third, and \$10 for the fourth. The fee includes a t-shirt, drawstring bag and other goodies. The clinics will fill up fast, so you can either pay with team registration to reserve your spot or sign up later in May.

Please indicate below if you are interested in the clinic and which day you would prefer to attend:

Swimmer's Name(s): _____

Yes, my swimmer(s) are interested in this clinic

Prefer June 11

Prefer June 12

Either is fine

2013 SV Sea Dragon Fee Summary

Please complete to calculate total due. Please make checks out to SV Sea Dragons.

Registration - 1st swimmer (\$120) _____

Registration - 2nd swimmer (\$100) _____

Registration - 3rd/4th or more swimmers (\$80 each) _____

Optional additional t-shirts (\$10 each) _____

Optional Josh Davis clinic (fees above) _____

TOTAL DUE _____