



# Reunion Riptide Swim Team

## 2021 Swimmer Registration Form

Participant Information					
Swimmer's Name	Age as of 5/31/21	Date of Birth	Gender	T-Shirt Size (indicate Adult or Youth)	Registration Fee
		___/___/___	<input type="checkbox"/> M <input type="checkbox"/> F		
		___/___/___	<input type="checkbox"/> M <input type="checkbox"/> F		
		___/___/___	<input type="checkbox"/> M <input type="checkbox"/> F		
		___/___/___	<input type="checkbox"/> M <input type="checkbox"/> F		

<b>Registration Fees:</b>			<b>Subtotal</b>
<b>First Swimmer:</b>	<b>\$175</b>	Late Registration Fee (if appl.)	
<b>Each Additional Swimmer:</b>	<b>\$165</b>	<b>Total Amount Due</b>	
<b>Late Registration (after 4/15/21):</b>	<b>\$25</b>		

- 1. Required for NEW TEAM REGISTRATIONS:** Swimmers NEW to the team must be able to swim one full length of the pool (25 yards) without assistance on or before April 15, 2021.
- A SWIM TEST will take place after April 15 to determine if the registered child will make the team. Those not able to pass the swim test will be released from their registration at no charge.
- Full payment of registration fee is required before a swimmer can be registered as a team member.
- 4. REFUNDS:** To receive a full refund, returning participants must inform the Reunion Riptide Swim Team of withdrawal prior to Wednesday, April 15, 2021. After April 15, only 50% of registration fee will be refunded.  
\*Refunds only apply to the registration fee; Late Fees are non-refundable.

Parent Contact Information		
Parent(s) Name	Email Address	Preferred Phone Number

**Note: Email will be the preferred method of getting information to parents and swimmers.**

Emergency Contact Information (other than above)		
Name	Relationship	Phone Number

Contact Information		
Street Address		
City, State Zip		
Are you a resident of Reunion Country Club?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If not, list neighborhood: _____

**Waiver:** I, the undersigned, do hereby consent to allow my child / children to participate in all the activities of the Reunion Riptide Swim Team. I assume all risks and hazards incidental to such participation and hereby waive, release, absolve, indemnify and agree to hold harmless the Reunion Riptide Swim Team, Reunion Golf and Country Club., its agents, members, homeowners, officers, board members, organizers, volunteers, affiliated coaches, and other participants of and from any and all claims that arise from or relate to the participation of my child / children on the Reunion Riptide Swim Team or from use of the Reunion Golf and Country Club facilities.

I hereby grant full permission to Reunion Golf and Country Club HOA to use my child's name and likeness in any photographs, videotapes and any and all records of or materials relating to this activity for any marketing purposes or for community private network. I hereby agree that this release form is intended to be as broad and inclusive as permitted by the laws of the State of Georgia.

**Parent / Legal Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Completed forms can be emailed to reunionriptide@gmail.com. Preferred method of payment is PayPal or Venmo. For Paypal, send payment to reunionriptide@gmail.com as "Friends or Family". Checks payable to Reunion Riptide Swim Team. Please drop off in box outside Angela's office.



# Reunion Riptide Swim Team

## 2021 Medical Information and Waiver Form

### Medical Information

Swimmer's Name			
Any illnesses?			
Any allergies?		If yes, Epi Pen?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Swimmer's Name			
Any illnesses?			
Any allergies?		If yes, Epi Pen?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Swimmer's Name			
Any illnesses?			
Any allergies?		If yes, Epi Pen?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Swimmer's Name			
Any illnesses?			
Any allergies?		If yes, Epi Pen?	<input type="checkbox"/> Yes <input type="checkbox"/> No

### Contact Information

Physician Name			
Physician Phone Number			
Insurance Carrier		Policy #	
Hospital Preference			

**Medical Waiver:** I, the undersigned, hereby certify that I am the parent or legal guardian of the above-named swimmer(s). I hereby give permission for any supervisor associated with the Reunion Swim Team to seek and give appropriate medical attention for our child(ren) in the event of accident, injury, illness. I, the undersigned, will be responsible for any and all costs associated with any necessary medical attention and/or treatment. I hereby acknowledge that the swimmer(s) named above is (are) physically fit and mentally capable of participation in all Swim Team activities.

Parent / Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Print Name \_\_\_\_\_ Relationship to Swimmer \_\_\_\_\_



# Reunion Riptide Swim Team

## 2021 Volunteer Form

I understand that the Reunion Riptide Swim Team is a volunteer organization and that my participation is essential to the efficient operation of our team. I further understand that unless I am already on a committee or sub-committee, I am required to volunteer at the regular swim meets. The exact number of my shifts I must work will depend directly on the final team size.

I understand that every effort will be made to accommodate my preference for volunteer areas and/or times, however, there is no guarantee that my preferences can be honored.

I agree that I will work my assigned job at the assigned meet. If I fail to work and have not found a replacement (contact information for all team members will be provided at a later date), I am aware that I will be charged a fee of \$25 per missed shift and my child could be pulled from the next meet and not able to swim.

Parent / Guardian Signature: \_\_\_\_\_

Volunteer Areas		
Check at least 3 areas where you would like to volunteer.		
<input type="checkbox"/> Timer	<input type="checkbox"/> Meet Set-Up	<input type="checkbox"/> Meet Break-down
<input type="checkbox"/> Bullpen	<input type="checkbox"/> Concessions	<input type="checkbox"/> Ribbons/Awards
<input type="checkbox"/> Team Celebration	<input type="checkbox"/> Communications/Team Management	

Are you a certified Stroke & Turn Official or Starter?  Yes  No

Volunteer Time Preference		
<input type="checkbox"/> I prefer to work the <u>first</u> half of the meet	<input type="checkbox"/> I prefer to work the <u>second</u> half of the meet	<input type="checkbox"/> I have no preference



## Reunion Riptide Swim Team

### 2021 Sponsorship Form

**Sponsorship is extremely important to the success of our summer swim program! Our goal is to make this a fun, affordable experience for our community and we could not do that without the support of our sponsors. We are extremely grateful for any amount you can give!**

\_\_\_\_\_ **\$100 Family or Business Donation**

**Name listed on "Thank You" page of all home meet heat sheets**

\_\_\_\_\_ **\$250 Contribution**

**1/4 page ad in home heat sheet, company logo on back of team t-shirt, and 1 team t-shirt (please state size needed) \_\_\_\_\_**

\_\_\_\_\_ **\$500 Contribution**

**1/2 page ad in home heat sheet, company logo on back of team t-shirt, and (2) team t-shirts (please state size needed) \_\_\_\_\_, PLUS hang your company banner at home swim meets**

\_\_\_\_\_ **\$1000 Contribution**

**FULL page ad in home heat sheet, larger company logo on back of team t-shirt, and (2) team t-shirts (please state sizes needed) \_\_\_\_\_/\_\_\_\_\_, PLUS hang your company banner at home swim meets, Facebook and Email blast promoting your company, thank you announcement at home meets, company may set up table next to concessions at home meets for display/advertising.**

**\*\*Other opportunities available...for more information, please email us at [reunionriptide@gmail.com](mailto:reunionriptide@gmail.com)**

Internal Use Only:

\_\_\_\_\_ Collected

\_\_\_\_\_ Date