

**LMYA SWIM TEAM**

Home of the Dolphins  
Acalanes High School Pool  
1200 Pleasant Hill Road  
Lafayette, CA 94549

Contact Information at  
[www.LMYASWIM.COM](http://www.LMYASWIM.COM)

\$50/Swimmer Late Registration  
Fees Apply After May 1



**2009 REGISTRATION FEES**

**APRIL STROKE CLINICS**  
\$100.00 each Swimmer/Session

**COMPETITIVE SWIM SEASON\***  
**AGES 5-14: \$350 for 1st Swimmer**  
\$325 each additional Swimmer  
**AGES 15-18: \$150 per Swimmer**  
*\*Team Shirt & Cap Included*

**GUTTER GUPPIES**  
\$350.00 per Swimmer

Registering For:     APRIL STROKE (Circle Options: Mon/Wed or Tues/Thurs Session)  
    SWIM SEASON     GUTTER GUPPIES

**Please Complete: ONE REGISTRATION FORM PER SWIMMER - Must Complete Front & Back of Form.**

**Swimmer's Name** \_\_\_\_\_

Boy     Girl     Age on June 15<sup>th</sup>     Birthdate     Years w/LMYA Swim Team    

Lives with (circle one): Father or Mother or Both or Other \_\_\_\_\_

**Mother/Parent/Guardian** \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home # (    ) \_\_\_\_\_ Day/Work# (    ) \_\_\_\_\_ Cell # (    ) \_\_\_\_\_

\*Email \_\_\_\_\_ I DO / DO NOT authorize release of my contact info. for a Team Roster.

**Father/Parent/Guardian** \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home # (    ) \_\_\_\_\_ Day/Work# (    ) \_\_\_\_\_ Cell # (    ) \_\_\_\_\_

\*Email \_\_\_\_\_ I DO / DO NOT authorize release of my contact info. for a Team Roster.

**\* ALL SWIM TEAM COMMUNICATIONS WILL BE SENT VIA EMAIL**

**MEDICAL INFORMATION/EMERGENCY CONTACT**

Doctor's Name: \_\_\_\_\_ Phone # (    ) \_\_\_\_\_

Doctor's Address: \_\_\_\_\_ Hospital: \_\_\_\_\_

Dentist's Name: \_\_\_\_\_ Phone # (    ) \_\_\_\_\_

Medical Conditions, Allergies: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Policy ID: \_\_\_\_\_

If the above listed parents are not available, CONTACT:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone # (    ) \_\_\_\_\_

# VOLUNTEER WORK COMMITMENT

(Does Not Apply To Gutter Guppy *Only* or April Stroke *Only* Families)

1. Each family with one or more swimmers under the age of 15 must work a total of **10 jobs** as follows: *8 regular Swim Meet jobs PLUS 1 League or City Meet job AND 1 County Meet job.*
2. Any job trade or substitution must be reported to and approved by the Parent Work Coordinator-Deb Carlin at [ParentWorkers@LMYASWIM.com](mailto:ParentWorkers@LMYASWIM.com).
3. Failure to do a job or failure to make an appropriate job trade to fulfill the assignment will result in a monetary fine and may result in your child's suspension from participation in practice & future swim meets.
4. My swimmer(s) may not participate in practices (starting May 4, 2009) unless I have signed-up for all of my Volunteer Work Commitment jobs.

I agree to fulfill the Volunteer Work Commitment as described above and further outlined in the LMYA Swimming Handbook.

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

## RELEASE

LMYA does not provide medical and/or hospitalization insurance for its program participants.

I understand that LMYA participants are subject to the rules and regulations established by LMYA and that any violation may result in probation, suspension, termination of participation, or fines. Parent/guardians of LMYA program participants are responsible for providing punctual transportation for participants to and from LMYA practices and meets. Only swimmers with signed release forms may enter the pool.

I have read and understand the foregoing, including my work obligation as a parent, and hereby give my permission as a parent/guardian for the above registrant to participate in the 2008 Swim Program. I hereby release, discharge, and/or otherwise indemnify LMYA, Sponsors, their employees and agents, LMYA volunteers (LMYA Board Members, Division Heads, Coaches, Co-Coaches, Assistant Coaches, other support team parents), and swim meet officials, against any claim by or on behalf of the registrant. I take full responsibility for injuries incurred.

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

### For Official Use Only

April Stroke:	\$100x	_____	_____
1 <sup>st</sup> Swimmer 5-14:	\$350x	_____	_____
2nd Swimmer(s) 5-14:	\$325x	_____	_____
Swimmers 15 & up:	\$150x	_____	_____
Gutter Guppies:	\$350x	_____	_____
(Check # _____)		Total	_____

Cap: \_\_\_\_\_ Handbook: \_\_\_\_\_ T-Shirt Sizes: \_\_\_\_\_

### Work Commitment Approval

Season Work(8): \_\_\_\_\_

League or City Meet(1): \_\_\_\_\_

County Meet(1): \_\_\_\_\_

Volunteer Commitment Signed: \_\_\_\_\_

Release Signed: \_\_\_\_\_

**Will you be doing evening practice? Yes or No**

Notes-F/Up: