

# SYC Barracudas Pre-Team/Swim Team Registration

514 Walnut Avenue, Colonial Heights, VA 23834

Parent's Name: (Last, First) \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ (please print clearly)

Phone #'s Mom: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Work) \_\_\_\_\_

Dad: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Work) \_\_\_\_\_

**(REGISTRATIONS MUST BE RECEIVED BY MAY 31 IN ORDER TO RECEIVE THE TEAM SHIRT)**

Name of Swimmer starting with Youngest: **Age as of June 1, 2023 (MUST BE 4 OR OLDER BY JUNE 1)**

_____	Age: ____	M/F	Date of Birth: _____	Shirt Size: ____	Pre-Team <input type="checkbox"/>
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_____	Age: ____	M/F	Date of Birth: _____	Shirt Size: ____	Pre-Team <input type="checkbox"/>
_____	Age: ____	M/F	Date of Birth: _____	Shirt Size: ____	Pre-Team <input type="checkbox"/>

(Shirt Sizes available: YS, YM, YL, AS, AM, AL, AXL, AXXL)

2023 Fee Schedule: \*\*\*FEE INCLUDES SWIM CAP AND TEE-SHIRT\*\*\*

1 <sup>st</sup> child (youngest)	\$90(mbr) / \$125(non-mbr)	\$ _____
2 <sup>nd</sup> child	\$70(mbr) / \$90 (non-mbr)	\$ _____
3 <sup>rd</sup> child	\$70(mbr) / \$90 (non-mbr)	\$ _____
4 <sup>th</sup> child	\$70(mbr) / \$90 (non-mbr)	\$ _____
*non-practice swimmer	\$35	\$ _____
SYC Employee	\$25	\$ _____
Total:	Check # _____	\$ _____

**Please Make Check Payable to: SYC Swim Team**

\*Intended only for US Swimming registered year-round swimmers that WILL NOT be attending any SYC practices or any swimmers 15 or over that intend to only swim in the meets.

The above-named swimmer(s) have my permission to participate with the SYC Swim Team. I certify that each swimmer is physically and mentally able to participate. I understand that accidents and injuries may occur in any athletic activity. I agree to indemnify and hold harmless the Swim and Yacht Club, including its Members, Board of Directors, and Coaches, who shall not be liable for any claims for injuries sustained during practices, swim meets, and team activities. I grant permission to the coaches, directors, and employees to act on my behalf and in my child's best interest in the case of a medical emergency with treatment by a physician or hospital licensed by the Commonwealth of Virginia.

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

Please list any allergies the swimmer has and/or any medications the swimmer takes:

Emergency Contact Person	Home Phone	Cell Phone	Relationship to Swimmer
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Photo Release: I understand that my child may be photographed during practices and/or meets and that these photos may be used on the SYC website, published in local newspapers, or used to promote the SYC swim team.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mark any meets you and/or your swimmer(s) will not be at (if the entire family isn't absent, indicate who will be absent)

June 1st (BYE) \_\_\_\_\_

June 8 (@CRA) \_\_\_\_\_

June 13 (WD @SYC) \_\_\_\_\_

(Tuesday night due to CH graduation on Thursday and PG on Saturday)

June 22 (SB @ SYC) \_\_\_\_\_

June 29 (@ SG) \_\_\_\_\_

July 6 (BP @ SYC) \_\_\_\_\_

July 13 (RB @ SYC) \_\_\_\_\_

July 21 & 22 Champs(BP)\_\_\_\_\_

### **Volunteering**

SYC Swim Team is a parent-run summer swim team. Volunteers are essential to running swim meets. As we are planning for the 2023 summer, we need some information from your family regarding volunteering preferences. Completing and acknowledging your volunteering requirement is part of our team registration process and must be completed before your swimmer(s) can start the season. [Please fill out this form.](#)