



2022 Registration Form

You must be a member of Pine Ridge Swim Club in good standing. Registration Fee: \$100 per swimmer; \$95 additional swimmer. Make checks payable to *Pine Ridge Swim Club* .

Swimmer Last Name Click or tap here to enter text. Address Click or tap here to enter text.

Mother's Name Click or tap here to enter text. Father's Name Click or tap here to enter text.

Cell# _____ Cell# _____

Email _____ Email _____

**Swim Level Descriptions: Beginner: Swims length of pool, needs stroke instruction; Moderate: Swims freestyle & backstroke, needs stroke instruction; Advanced: Swims all four strokes, still working on stroke technique; Proficient: Competes year-round, work on conditioning and endurance. Club Name _____*

Swimmer Name	Date of Birth	Age as of 6/1/22	Sex M/F	Swim Level* <small>see below</small>

Does your child have a medical condition? Explain and plan to provide any necessary medicine, equipment or materials to assist your child with a healthy swim experience. _____.

Our team requires all families to volunteer to help make our meets run successfully. The expectation is that all families will volunteer a minimum of 2 meets and contribute items to the Bake Table/Grill. Initial that you agree _____

*see back page for volunteer descriptions and to sign up.

I give consent for my child to attend practices & meets as a member of Pine Ridge Swim Team. I understand that my child must comply with all rules, regulations and instructions issued by the Pine Ridge Swim Club and by coaches/directors of the Pine Ridge Swim Team. I release Pine Ridge Swim Club, Pine Ridge Swim Team, Free State Swim League and their respective directors, officers, employees and volunteers from any and all liability for any and all injuries which my child may receive while participating in activities, including practice, meets and social activities, as a member for the Pine Ridge Swim Team.

Parent/Guardian Signature

Date

All registrations should be turned in no later than May 24, 2022. Email any questions to swimteam@pineridgeswimclub.com.

___ Check if you do not permit your child's information/photos to be shared.

[For Directors Use:

Date Received _____

Amount Paid _____ check # _____ cash _____ other _____]