

MAPLE VALLEY KILLER WHALES

WELCOME!

The Maple Valley Swim Team is a member of the Suburban Swim League (SSL), which operates in the greater Newark, DE area

All are welcome to join the team: (Must be)
(1) members of Maple Valley and
(2) who can swim the length of the pool unassisted.

The team offers the opportunity to learn new strokes and techniques under an experienced swim coach and staff. Swimmers learn about competition by participating in the eight dual meets (2 teams competing against each other), time trials and championships. Many team spirit-building activities add to the social aspect of being a swim team member. If you are a winter swimmer, a summer-only swimmer, a serious swimmer, or a "fun"-only swimmer — or if you have never competed before — you are invited to join our family. We promise a summer of fun and sport with your friends, under the direction of a dedicated coaching staff.

Swim Team Registration Form

Swim Team Fee: \$50 per child, not to exceed \$150 per family.

Make Checks Payable to: **Maple Valley Swim Team**

Last Name: _____
Father First Name _____
Mother First Name _____
Mailing Address 1 _____
City _____ State _____ Zip _____

Home Phone _____
Father Phone (W) _____ Cell _____
Email _____

Mother Phone (W) _____ Cell _____
Email _____

** Swimmer 1 _____ Age as of 5/30/12 _____
Birth Date _____

** Swimmer 2 _____ Age as of 5/30/12 _____
Birth Date _____

** Swimmer 3 _____ Age as of 5/30/12 _____
Birth Date _____

** Swimmer 4 _____ Age as of 5/30/12 _____
Birth Date _____

Swim Team Fees: \$ _____ + Raffle Tickets \$20.00 = Total Enclosed: \$ _____

MEDICAL RELEASE: I do hereby allow my child(ren) to participate in any practice, meet or function sanctioned by Maple Valley Swim Club. I accept full responsibility for any and all liability and release Maple Valley Pool, its officers and coaches from any financial liability due to injury or otherwise. If I cannot be contacted in the event of an injury to, or sickness of, my child(ren) during a meet or practice, I hereby give permission for the coach or their designee to administer first aid or obtain medical attention from a doctor or emergency center.

PHOTO RELEASE: I understand that my children may be photographed during the swim season, and that such photos may be included in the end of-year slideshow, newspaper articles, website postings, etc. In no case will the child's name be associated with their photograph.

SIGNED _____

DATE _____