



**BLUE FINS SWIM TEAM**

**WELCOME to the Blue Fins Swim Team!**

To join the swim team, you MUST be a member of the Recreation Center (per NSSL League rules). Participants must be able to swim 25 yards freestyle (front crawl), submerge completely under the water and feel comfortable to jump in deep water. Team size is limited to 30 swimmers per age group. Age groups for competition are divided as such: 5/6, 7/8, 9/10, 11/12, 13/14, and 15/17. Per the NSSL League rules, swimmers MUST be the specified AGE of their group by June 1st of the qualifying year. Age groups 8 and under will have a try-out the week of May 16 -18 and will register after approval from the coach. June 3, 2017 is the final day of registration.

PLEASE INITIAL THAT YOU HAVE READ \_\_\_\_\_

Swimmer's Name \_\_\_\_\_ F \_\_\_\_ M \_\_\_\_

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Year \_\_\_\_ Swimmer's T-shirt Size (please circle) Youth: YS YM YL Adult: S M L

Swimmer's Home Phone # \_\_\_\_\_

Parent or Guardian's Information – IS THIS INFORMATION NEW \_\_\_\_ OR THE SAME FROM LAST YEAR \_\_\_\_

Mom's Name \_\_\_\_\_

Mom's cell # \_\_\_\_\_ Work # \_\_\_\_\_

Mom's e-mail \_\_\_\_\_

Dad's Name \_\_\_\_\_

Dad's cell # \_\_\_\_\_ Work # \_\_\_\_\_

Dad's e-mail \_\_\_\_\_

Who will be the primary Emergency contact? \_\_\_\_\_

Emergency information in case the above cannot be contacted:

Name \_\_\_\_\_ relationship \_\_\_\_\_ Phone \_\_\_\_\_

ARE THERE ANY HEALTH CONDITIONS (ALLERGIES, MEDICATIONS, ETC.) OR OTHER NEEDS THAT THE COACHES SHOULD BE AWARE OF THAT MIGHT AFFECT SWIMMING? **(PLEASE USE THE BACK OF THIS FORM)**

TO HELP OUR COACHES PLAN BETTER, PLEASE LIST THE DATES OF ANY SCHEDULED VACATIONS, CAMPS OR ACTIVITIES THAT MAY CONFLICT WITH THE SWIMMING SCHEDULE. **(PLEASE USE THE BACK OF THIS FORM)**

This is a registration to participate on the Blue Ash Recreation Blue Fins Swim Team. I agree to abide by the Rules of the Blue Fins Swim Team, Coaching Staff and the Blue Ash Recreation Department. I grant permission for the Blue Fins Swim Team Coaching Staff to authorize any necessary medical attention, after reasonable attempts have been made to contact the parents or guardians of the above named swimmer. I also grant the Coaching Staff disciplinary authority at all training sessions and swim meets. I ACKNOWLEDGE AS PARENTS, WE WILL VOLUNTEER OUR TIME TO SUPPORT THE BLUE FINS IN ITS FUND RAISING ACTIVITIES INCLUDING, BUT NOT LIMITED TO, HELPING AT SWIM MEETS SPONSORED BY THE BLUE FINS SWIM TEAM AND THE NSSL SWIM LEAGUE. I also acknowledge that I am to sign a separate waiver with the Blue Ash Recreation Center.

Signature \_\_\_\_\_

If you have any questions or concerns please contact Coach Knue [mounttl@yahoo.com](mailto:mounttl@yahoo.com)