

Lake Parsippany
 Swim Team Application 2016
 P.O. Box 2955
 Parsippany, NJ 07054
 www.lake-parsippany.org

Date: _____
 Check # & Amount: _____
 Parent Reps Email:
 micheleostolaza@gmail.com
 chrissyto@ymail.com

- Application must be completed and received by Swim Team by June 17, 2016. Failure to do so will result in a late fee of \$15.00. Swimmer(s) will not be able to compete until all outstanding fees are paid.
- Swimmer(s) fees are as follows:
 - \$30.00 for 1st swimmer
 - \$25.00 for 2nd swimmer
 - \$15.00 for each additional swimmer
 - Swimmer fee(s) include t-shirt
 - \$75.00 Work Bond – Must complete one of the following *lane lines in or out, open house or grilling* to fulfill work bond.
- Please DO NOT include swim team fee in the same check as your work bond. Please date your work bond for October 1st 2016.
- Swimmers should attend at least one practice prior to the meet.

Please initial that you have read the above _____

| Swimmer(s) Name | Gender | Birth Date | Age as of 6/1 | List Stroke(s) able to swim BK, BR, FLY, FR | Club Swim | Shirt Size | | | |
|--------------------|--------|---------------|------------------|--|--------------|------------|----|----|-----------------------|
| | | | | | | YS | YM | YL | AS AM AL AXL |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

The above named swimmer(s) has/have my permission to participate in the Lake Parsippany Swim Team. I certify that each swimmer is physically fit and mentally sound to participate. I understand that accidents and injuries may occur in any athletic activity. I agree to indemnify and hold harmless LPPOA, the Swim Team, Coaches, etc. against all injuries of said swimmer(s) participation in the swim program. I further signify that I read and agree to abide by and accept the Terms and Conditions listed on this form. I grant permission to the Coach and Swim Team Staff to act in my behalf and in my child's best interest in the case of a medical emergency by a physician, surgeon or hospital.

 Parent Signature:

 Date:

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

Please list any date(s) the swimmer(s) will be **UNABLE** to attend swim meets including Championships due to vacations, camps, ball games, etc.

| Swimmer | Date | Reason |
|---------|------|--------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

*Championships will be held August 5th – August 7th at Indian Lake. All swimmers are expected to participate at Championships. You must let the coach know in writing by July 18th, 2016 if you are not going to participate in Championships.

Parent involvement and support are critical for the success of the swim team. The meets are organized and run by volunteers. **ALL** parents are expected to contribute some volunteer time. There are opportunities for every personality type and no previous experience is necessary for some jobs. This is an all-volunteer league. We need parents to volunteer for strokes and turn training and timing system/computer area. Please consider dedicating your time to these areas.

Parent Information:

| | | | |
|----------------------|------------|----------------------|-------------------------|
| <hr/> | | <hr/> | |
| Parent Name(s) | | LPPOA Badge Number | |
| <hr/> | | <hr/> | |
| Mailing Address | | Home Phone Number | |
| <hr/> | | <hr/> | |
| Parent(1) Cell phone | | Parent(2) Cell Phone | |
| <hr/> | | <hr/> | |
| Email Address(1) | | Email Address(2) | |
| <hr/> | | <hr/> | |
| Emergency Contact | Home Phone | Cell Phone | Relationship to Swimmer |