

Antietam Swimming  
Summer 2022 Member Registration

Account Last Name: \_\_\_\_\_ (New / Returning)

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

**PARENT INFORMATION:** (PLEASE PRINT CLEARLY)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

**Parent 2**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

**ATHLETE INFORMATION:**

Last Name	First Name	Gender	DOB	Age as of 7/24/22
		M F		
		M F		
		M F		
		M F		
		M F		

Please list any health concerns (Conditions, Allergies, Medications) along with your child's name below:

---

---

---

PARENT AGREEMENT:

Account Last Name: \_\_\_\_\_

I, \_\_\_\_\_ the undersigned parent/guardian of

\_\_\_\_\_

\_\_\_\_\_

the above named youth(s), hereby give my permission for the above named youth(s) to participate in all of Antietam Swim Team activities and programs. On behalf of the same youth(s), I assume all risks and hazards incidental to such participation. I hereby release the Antietam Swimming Pool, Antietam Swim Team, the Antietam Parents Aquatic Club, and any affiliated persons, including, but not limited to, any coach, board member, employee, volunteer, or any other person associated with the Antietam Swim Team, Antietam Parents Aquatic Club, as well as any organization providing facilities for the benefit of Antietam Swimming activities and programs from any liability for illness (including, without limitation, COVID-19), injury, damage, loss, costs and/or expenses sustained as a result of the above named youth(s) participation in, or as a result of his/her (their) being transported to or from any such event, practice, or meet. Further, in consideration of the youth(s) participation, I agree to indemnify and hold harmless the aforementioned organizations, entities, and/or persons from any illness (including, without limitation, COVID-19), injury, damage, loss, costs, and/or expenses of any kind arising out of participation in the described activities, whether such damages are the result of negligence or for any other cause.

\_\_\_\_\_

Printed Name

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

I am registering my child(ren) for the Antietam Alligators summer swim team and hereby certify and am aware of the following:

- We are members of the Antietam Pool.
- In the event of medical emergency, I hereby give permission to the Coaching Staff and/or Swim Team Board to hospitalize, secure treatment for, and to order injection, anesthesia, or surgery for all children named on our registration document.
- I give my permission for the use of photographic images containing me or any children listed on our registration document to be used on the team website or printed material.
- I understand that the names of all children listed on our registration document will appear online with meet results and entries.
- I agree to be financially responsible for all team activities of the children listed on our registration document and to reimburse the team for any bank fees resulting from my deposited item.
- I understand it takes a lot of help to run a smooth swim season and each family's participation is essential. Each family is REQUIRED to volunteer for three dual meets (any combination of home and away).
- I understand every family is required to volunteer at our 10 & Under invitational meet (more details later) and if our team is short volunteers at any meet, I may need to fill a volunteer position. If I am unable to meet this commitment to the team, I will be required to pay a \$50 fee penalty and my swimmer will not be able to participate in the Silver or Championship Meets. If my swimmer participates in any end-of-season championship meets, I may be asked to volunteer as needed for that meet and that families who have not

met their volunteer commitment to the team will be asked first. I will use sign-up emailed out prior to the meet via signupgenius.com. I understand if I am unable to fulfill my volunteer assignment, it is MY responsibility to find another individual to fill my position and notify the Volunteer Coordinator. Descriptions of the volunteer positions are included in the swim manual. If I am unsure how to perform a volunteer position, I will ask a Board Member or the Volunteer Coordinator. I understand I will receive credit for my volunteer participation by fulfilling a sign-up position only and that I will only receive credit for those volunteer positions I sign up for.

- Any swimmer wishing to swim in an invitational shall pay by check to Antietam Parents Aquatic Club, VENMO @AntietamSwim or cash to Coach Luke in the amount required by said invitational by the date required by the sponsoring pool. No swimmer will be allowed to register and/or swim any invitational without payment first. Deadlines for invitationals will not be extended and your child will not be able to participate. With cash or check payment please place in an envelope and write your swimmer(s) name, invitational and events for each swimmer on that envelope. Only payments in an envelope will be accepted. If paying by VENMO please include same information under “What’s it for?”
- I will log on to the team’s website at [www.antietampool.org/swim-team](http://www.antietampool.org/swim-team) and the shutterfly link to become a member so I can receive email notifications and I will check the website frequently for any updated information. I will accept the teams invite on signupgenius which will be used for volunteer assignments and other fundraising. I will also access GROUPME (link on our website) to receive notifications of any disruption in meets or invitationals.
- I agree to abide and be legally bound by all team policies and procedures currently in affect as listed in the 2022 Swim Team Manual, as well as any created during the 2022 Summer Season including any pandemic protocols established for the health and safety of the team. I understand that failure to follow team rules and procedures may result in the exclusion of swimmers on my account from team activities.
- I have downloaded and reviewed the swim manual, pandemic protocols and all registration forms as listed on our website and will submit those required in a timely manner.
- I understand there will be **no refunds** on team registration.

---

Printed Name

Signature

Date