



# CELEBRATING 32 YEARS OF SWIMMING EXCELLENCE!

## GHWO DOLPHIN SWIM TEAM 2010 REGISTRATION FORM

GRANADA HILLS/WESTERN OAKS - *please print clearly*

**DEADLINE: April 18, 2010**

### FAMILY INFORMATION:

\_\_\_\_\_  
Mother's Name (Last, First)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Father's Name (Last, First)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Email Address

### SWIMMER REGISTRATION:

_____ (1) Name (Last, First)	____/____/____ Date of Birth	____ Age May 1st	<input type="radio"/> M <input type="radio"/> F Gender	<input type="radio"/> YS <input type="radio"/> YM <input type="radio"/> YL <input type="radio"/> AS <input type="radio"/> AM <input type="radio"/> AL <input type="radio"/> AXL Size of T-shirt included in Registration
_____ (2) Name (Last, First)	____/____/____ Date of Birth	____ Age May 1st	<input type="radio"/> M <input type="radio"/> F Gender	<input type="radio"/> YS <input type="radio"/> YM <input type="radio"/> YL <input type="radio"/> AS <input type="radio"/> AM <input type="radio"/> AL <input type="radio"/> AXL Size of T-shirt included in Registration
_____ (3) Name (Last, First)	____/____/____ Date of Birth	____ Age May 1st	<input type="radio"/> M <input type="radio"/> F Gender	<input type="radio"/> YS <input type="radio"/> YM <input type="radio"/> YL <input type="radio"/> AS <input type="radio"/> AM <input type="radio"/> AL <input type="radio"/> AXL Size of T-shirt included in Registration
_____ (4) Name (Last, First)	____/____/____ Date of Birth	____ Age May 1st	<input type="radio"/> M <input type="radio"/> F Gender	<input type="radio"/> YS <input type="radio"/> YM <input type="radio"/> YL <input type="radio"/> AS <input type="radio"/> AM <input type="radio"/> AL <input type="radio"/> AXL Size of T-shirt included in Registration
_____ (5) Name (Last, First)	____/____/____ Date of Birth	____ Age May 1st	<input type="radio"/> M <input type="radio"/> F Gender	<input type="radio"/> YS <input type="radio"/> YM <input type="radio"/> YL <input type="radio"/> AS <input type="radio"/> AM <input type="radio"/> AL <input type="radio"/> AXL Size of T-shirt included in Registration

Permission is hereby granted to print above information for distribution to team members (Y/N) \_\_\_\_\_ (initials)

### ELIGIBILITY:

- |  |   |
|--|---|
| <input type="radio"/> Current Western Oaks Resident  | <input type="radio"/> Current Granada Hills/Oaks Resident |
| <input type="radio"/> Member of Granada Hills Pool   | <input type="radio"/> Non-Member from 2009 Swim Season    |
| <input type="radio"/> Previous GHWO Swim Team Member AND Previous Resident of WO or GH or Previous Member of GH Pool   |   |
| <input type="radio"/> Non-Member Application for Membership on GHWO Swim Team ** (i.e., <i>does not qualify for any of the other categories above – Sponsor must be current GHWO Swim Team member in good standing</i> ) |   |

Non-Member's Sponsor: \_\_\_\_\_; Phone Number: \_\_\_\_\_

**\*\*NOTE:** Non-Member Applications will not be accepted after April 18, 2010. All information and payments must be completed in order to be considered. Those who qualify will enter a lottery for admittance on team.

**ACCOUNTING TOTALS:**

Swim Team Fees: # of swimmers \_\_\_\_\_ x \$100.00 each = \$ \_\_\_\_\_

**Granada Hills/Oaks or Western Oaks Non-Resident Pool Use Fee**

(NOTES: This fee does not allow you or your family use of the Western Oaks Pool during non-swim team related events; this fee is to support the neighborhood expenses in allowing the Swim Team to use the facilities during practices and meets. New Applications will be taken only prior to the application deadline. All information and payments must be complete in order to be considered. Those who qualify will enter a lottery for admittance on team.)

# of swimmers \_\_\_\_\_ x \$30.00 each = \$ \_\_\_\_\_

**SHOW YOUR TEAM SPIRIT - Additional Items for Sale:**

Tee YS YM YL AS AM AL AXL \_\_\_\_\_ x \$12 each = \$ \_\_\_\_\_

Tee AXXL \_\_\_\_\_ x \$14 each = \$ \_\_\_\_\_

Tanks Women AS AM AL AXL \_\_\_\_\_ x \$12 each = \$ \_\_\_\_\_

Tanks Men AM AL AXL \_\_\_\_\_ x \$12 each = \$ \_\_\_\_\_

**Grand Total \$ \_\_\_\_\_**

Make Checks Payable to **GHWO Swim Team** (check # \_\_\_\_\_) (cash paid \_\_\_\_\_)

Executed this the \_\_\_\_\_ day of \_\_\_\_\_, 2010 Parent/Guardian: \_\_\_\_\_

**\*\*\*Any refunds after May 15, 2010 will have a t-shirt fee of \$10 deducted from the total paid for each swimmer listed above.**

*Application Deadline: April 18, 2010*

*Late Registration Fee of \$25 applies after April 18, 2010 to Members ONLY*

*Non-Members not eligible for late registration after April 18, 2010*

**REGISTRATION LOCATIONS:**

**Register at the Western Oaks Park on Sunday, April 18, 2010 beginning at 4:00pm**

Park Located at 4911 Woodcreek Road, Austin, Texas next door to pool

*OR*

**By dropping off or mailing your registration and payment to:**

Debbie Hartzler, GHWO Swim Team President, 6909 One Oak Road, Austin, Texas 78749

debbiehartzler@austin.rr.com

**PAYMENT PLAN OPTIONS:**

My family would like to make payments on our registration and t-shirt fees listed above Yes No

We will pay \$ \_\_\_\_\_ in three (3) payments of: February 1, 2010 \$ \_\_\_\_\_

March 1, 2010 \$ \_\_\_\_\_

April 1, 2010 \$ \_\_\_\_\_

**PAYMENT TOTALS \$ \_\_\_\_\_**

**GO DOLPHINS!!!**

**DISCIPLINARY ACKNOWLEDGMENT:**

The undersigned understands that the Granada Hills/Western Oaks coach, coaches, and/or swim team board have the right and authority to temporarily or permanently suspend a swimmer from participation in practices or meets due to disciplinary problems and under such circumstances, GHWO Swim Team will have no responsibility to refund all or any portion of said swimmers registration fees paid.

Executed this the \_\_\_\_\_ day of \_\_\_\_\_, 2010 Parent/Guardian: \_\_\_\_\_

We suggest that you discuss this topic with your children. We want everyone to have fun throughout the season, but will not tolerate major recurring disruptive behavior at the expense of other swimmers.

**AGREEMENT, WAIVER AND RELEASE:**

**(May be used for multiple swimmers ONLY if last names are the same)**

It is understood my children will be participating on the Granada Hills/Western Oaks Swim Team (GHWO) a member of the Capital City Summer League (CCSL). They are as follows:

_____	____/____/____	_____	____/____/____
(1) Name (Last, First)	Date of Birth	(2) Name (Last, First)	Date of Birth
_____	____/____/____	_____	____/____/____
(3) Name (Last, First)	Date of Birth	(4) Name (Last, First)	Date of Birth
_____	____/____/____		
(5) Name (Last, First)	Date of Birth		

It is fully understood that swimming activities contain certain inherent risks. The undersigned fully appreciates these risks, and has also had an opportunity to fully inspect the swimming pool and premises located at the GHWO area, as well as the swimming pools and premises where other CCSL meets will be held. The undersigned parent or guardian may also, at his or her discretion, with coaches' consent, attend and observe any practice, instruction and/or meet in which his or her child(ren) are participating.

Each member of GHWO must strictly comply with all eligibility requirements of the CCSL, official instructions during each meet, instructions and practice requirements of GHWO, all the rules of conduct and safety. Each of the undersigned fully understands that neither the CCSL nor GHWO is responsible for an injury which results, either fully or in part, from the failure of any member of a CCSL circuit team to fully comply with all such requirements, instructions, and/or rules.

Executed this the \_\_\_\_\_ day of \_\_\_\_\_, 2010 Parent/Guardian: \_\_\_\_\_

Emergency Numbers: (H) \_\_\_\_\_ (C) \_\_\_\_\_ Relation to Minor: \_\_\_\_\_

**MEDICAL TREATMENT FOR MINORS:**

I have the authority to consent to medical treatment of the foregoing child(ren), being listed as parent or guardian. In the event that I cannot be reached to make arrangements for emergency medical attention at the time of illness or accident, I hereby authorize any Granada Hills/Western Oaks Swim Team Coach or designated club representative to take my child to:

Dr. \_\_\_\_\_ or Hospital: \_\_\_\_\_ Phone \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

I also give authority to the same individuals as well as any team nurse, to administer minor first aid treatment to the foregoing child(ren). The foregoing people whom I give such authority are related to the child(ren) as follows: Adults who have care and control of the child(ren) during their practice and participation on the GHWO Swim Team.

Executed this the \_\_\_\_\_ day of \_\_\_\_\_, 2010 Parent/Guardian: \_\_\_\_\_

Please note any medical conditions, allergies, etc.: \_\_\_\_\_

**VOLUNTEER SIGN-UP 2010 SUMMER SEASON:**

**All families are strongly encouraged to volunteer in some capacity and will be called upon to do so. Please show your support to this volunteer driven, non-profit swim team by helping each week.**

Please sign up for your preferred volunteer positions. The Volunteer Coordinators will call you if they see your child signed up to swim at meets but does not see your family volunteering. Check the Weekly Volunteer List posted at the pool during swim practices and feel free to make changes to accommodate your schedule. **Thank you for continuing to give the GHWO Dolphins a winning season every year.**

**VOLUNTEER PLEDGE:**

The family of \_\_\_\_\_ understands the Granada Hills/Western Oaks Swim Team cannot successfully run a meet or operate the team without my assistance. Without my dedication and willingness to volunteer at each swim meet, the meets could not take place. I also acknowledge many families have both parents working the swim meets and will wholeheartedly make every attempt to make myself available to assist however I can for the benefit of the team. Families with small children not on the swim team are encouraged to participate in ways that do not require you to be on deck during the meets.

Executed this the \_\_\_\_\_ day of \_\_\_\_\_, 2010 Parent/Guardian: \_\_\_\_\_

**VOLUNTEER NEEDS:**

Job descriptions are on the team’s website: [www.ghwodolphins.org](http://www.ghwodolphins.org). Please select one or more and indicate which parent desires which position.

- Friday Set-Up       Runner       Hospitality       Team Sponsor       Timer       Starter
- Stroke Judge       Announcer       Computers       Ribbons       Concessions       T-Shirts
- Ready Bench       Fundraising       Meet Clean-Up       DQ Runner       Scorer       Grill Master
- Boy’s Zookeeper – Age Group: \_\_\_\_\_       Girl’s Zookeeper – Age Group: \_\_\_\_\_

NOTE: Circle the job title if you are able to work this position for each swim meet (home and away) during the season.

If you are unable to attend all meets, please indicate below which meets you are available to work:

- May 23 (at Shady Hollow)       May 30 (at Western Oaks)       June 6 (at Western Oaks)
- June 13 (at Circle C)       June 20 (at Western Oaks)       June 23 (at UT Swim Center)

**VOLUNTEER WAIVER:**

I hereby certify that I have a medical condition or other family circumstances that prohibits me from volunteering on the GHWO Swim Team. I have attached a copy of my doctor’s instruction or a sheet explaining the situation waives me from volunteer duty.

Executed this the \_\_\_\_\_ day of \_\_\_\_\_, 2010 Parent/Guardian: \_\_\_\_\_

*Thank you for volunteering!  
We can not do it without your involvement!*