



It's **STINGRAY** Season!
2012 Hidden Springs Swim Club (HSSC)
Register NOW

April 16 – May 1

REGISTRATION INFORMATION

- Ages 5 - 18 are welcome (must be able to swim one length of pool)
- Registration deadline: Tuesday, May 1
- Cost is \$95 for 1st child, \$75 for siblings. Fees due at time of registration
- Registration includes team T-shirt & swim cap for each swimmer
- Late registration May 2 - 9 (fees increase to \$115/\$90)
- SPACE IS LIMITED! Hidden Springs residents given priority through May 1
- Refunds will not be given after 1st week of practice (June 11)
- Drop off registration form & payment at Merc in green HSTA box in the mailroom, Attn: Stacy Lee, HSSC
- Swim team swimsuit style info will be coming soon

Season starts June 4 with practices Monday through Friday mornings (times TBA). There are six dual swim meets scheduled on Saturdays, concluding with a Championship Meet on Aug 4.

For first time swim team families: HSSC is all about having fun, learning in a supportive environment, and trying out newly acquired skills at swim meets. We also love parent volunteer help! Come join HSSC and be part of a great team!

**For information or questions, call Hollie Reno at 340-1796
or email at hiddenspringssc@gmail.com**

HIDDEN SPRINGS SWIM CLUB 2012 REGISTRATION

PARENT'S NAMES:					
STREET ADDRESS:					
CITY/ZIP:			HOME PH:		
CELL PH. MOM:			CELL PH. DAD:		
WORK PH. MOM:			WORK PH DAD:		
E-MAIL MOM:			E-MAIL DAD:		
SWIMMERS' NAMES (FIRST & LAST)	SEX M/F	BIRTH DATE M/D/YR	AGE AS OF 6/1/12	T-SHIRT SIZE	SWIM FEE See Below
					\$95
					\$75
					\$75
					\$75
					\$75
*****MAKE CHECKS PAYABLE TO HSSC*****				TOTAL	\$

T-SHIRT SIZES: YOUTH - YS, YM, YL, YXL or ADULT - AXS, AS, AM, AL

Medical Information

Name of Physician: _____ Phone Number: _____

Health Insurance Policy Name and Group Number: _____

Health concerns/medications: _____

Allergies: _____

Emergency Contact (name and number): _____

If the hidden Springs Swim Club cannot reach me or the above named emergency contact, I give authority to any adult supervisor of the Hidden Springs Swim Club to call for, permit, and provide medical care and do hereby consent to the provisions of care to my child by medical practitioners or a hospital.

Consent, Liability Waiver and Release

I, the undersigned parent/guardian of the above named child, for and on behalf of myself, my spouse, and my child hereby give my voluntary consent to permit my child to participate in the Hidden Springs Swim Club, including all practices, meets and other events, during the 2012 Hidden Springs Swim Club season. I assume all risks in any sport or swimming activity. I, for and on behalf of myself, my spouse and my child therefore release, absolve and hold harmless the Hidden Springs Swim Club and its officers, directors, coaches, instructors, volunteers and employees, from any and all claims arising out of or related to any Hidden Springs Swim Club activity, including but not limited to transportation to and from such activities, or personal injury, death, damages or any other loss, whether as a result of negligence or otherwise by the foregoing entities or individuals. I further agree to assume all risk of injury or death due to voluntary use of the Hidden Springs Town Association Inc's facilities and to release from responsibility any person transporting my child to or from any Hidden Springs Swim Club activity.

Parent/Guardian Signature: _____ Date: _____