

Amount: _____
 Check# _____
 Receipt#: _____
 Date: _____

www.oxfordhunt.com/swampfox



Oxford Hunt Swim Team

2010 REGISTRATION FORM

Parents: 1) _____ Committee: _____ *

2) _____ Committee: _____ *

*The Swim Team asks that at least one parent serve as a Committee Member and volunteer for 4 meet job positions (see bottom), with the exception being Committee Chairpersons who perform 2 meet jobs. If a family is new to the swim team, and has no "regular" swimmers (only 1 or more Junior Swampfoxes), this family may ask the Swim Team Board for a one-season reduction in committee and/or meet job duties, if desired.

Phone#s: _____

Emails: _____

Address: _____

Emergency Contact: _____ Phone#(s): _____

SWIMMER'S Name(s) <small>Please include any special needs/issues on the back of this form</small>	Birthdate <small>(mm / dd / yyyy)</small>	Gender	Cost <small>(Early Reg.)</small>
1) _____	_____	M / F	\$70
2) _____	_____	M / F	\$65
3) _____	_____	M / F	\$55
4) _____	_____	M / F	\$45
5) _____	_____	M / F	\$35

- Cost is \$10 more per swimmer after May 18, 2010. Last day to register is June 1, 2010.
- Registration fees are non-refundable, with the exception of new 6-&-under or Junior swimmers. Send refund requests to the Swim Team President.
- The swim team will give (via email) all families an electronic TEAM ROSTER spreadsheet which will include names, addresses, ages, phone numbers, parent names and committee membership. This Team Roster will not be on the website. A separate TSA (Tarheel Swimming Association) roster including names and birthdates of ALL swimmers is required to be given to TSA Reps prior to every meet.

WAIVER: In consideration of the acceptance of the above-named swimmer(s) to the OXFORD HUNT SWIM TEAM, I hereby release and discharge the SWIM TEAM BOARD OF DIRECTORS, MANAGERS, COACHES, and ORGANIZERS, the HOME OWNERS ASSOCIATION, and OMEGA MANAGEMENT from any injury or loss which might occur during participation and/or travel to and from meets, practices or team functions. I further agree that the team is under no obligation to certify to the fitness of these individuals to participate by means of a physical exam and that such a physical examination, if warranted, is my sole responsibility.

Parent Signature

Date

PARENT MEET VOLUNTEER JOB SIGN-UP WORKSHEET (final scheduling done by Chair of Meet Planning Committee)

Meet Date	Parent Name(s)	Available to work <u>shift 1</u> only? <u>Shift 2</u> only? <u>Either Shift 1 or 2?</u> Are you <u>unavailable</u> to work at this meet?	First choice (Preferred) volunteer job	Second choice volunteer job
6/15 (H)		1 only 2 only either unavailable		
6/22 (A)		1 only 2 only either unavailable		
6/29 (A)		1 only 2 only either unavailable		
7/6 (H)		1 only 2 only either unavailable		
7/13 (A)		1 only 2 only either unavailable		
7/20 (H)		1 only 2 only either unavailable		

TEAM SUITS and CAPS (2010 Oxxford Hunt Swim Team)

Ordered by: _____

Date: _____

Payment: _____

GIRLS	Size	Qty
<i>Girls Swim Suits (\$49)</i>	22	
	24	
	26	
	28	
<i>Womens Swim Suits (\$49)</i>	30	
	32	
	34	
	36	
	38	
	40	
	42	

Total (x \$49) =

BOYS	Size	Qty
<i>Boys Swim Suits (\$33)</i>	22	
	24	
	26	
	28	
<i>Mens Swim Suits (\$33)</i>	30	
	32	
	34	
	36	
	38	
	40	

Total (x \$33) =

SWIM CAPS	Qty
<i>Latex Swim Cap (\$5)</i>	

Total (x \$5) =

SWIM CAPS	Qty
<i>Silicone Swim Cap (\$10)</i>	

Total (x \$10) =

**TOTAL
SUIT/CAP
SALES:**

TEAM LOGO T-SHIRTS (2010 Oxxford Hunt Swim Team)

Ordered by: _____

Date: _____

Payment: _____

***ONE FREE ADULT TEAM T-SHIRT
PER FAMILY! (wear to meets!)***

Choose a Size – Check one

Adult S	
Adult M	
Adult L	
Adult XL	

**Additional T-shirts you can buy for
swimmer, parent, etc.
(\$15 each)**

Sizes	Choose Quantity (1 to 10)
Child S	
Child M	
Child L	
Adult S	
Adult M	
Adult L	
Adult XL	

**TOTAL () X \$15 =
T-SHIRT
SALES:**