

**Copperfield Crocodiles
Swim Team
Registration Packet
2009**

updated 5/4/09



**Return forms to:
Chuck Fowler
1421 Copper Creek Drive**

**COPPERFIELD CROCODILES
SWIM TEAM
PARENT CONTRACT
2009**

REGISTRATION FEE: **\$100.00 for each Copperfield Swim Club Member, \$125 for each non-pool member.** For more than two swimmers from the same family, the registration fee will be \$50.00 for each child after the first two. Team suits, goggles, etc., and year end banquet expenses are the parents' responsibility. Before June 13 you will receive an 80% refund. No refunds will be issued for any reason after June 13.

RESPONSIBILITIES: **Parents are required to work at three or four meets and the conference meet.** There may be a limited opportunity to work one social event in place of one dual meet. Upon signing the contract and submitting the registration fee you need to sign up to work these meets. After final registration, you may be asked to sign up additional meets depending on the number of swim team members. You may switch with another parent if there is a conflict with your assigned meet, however you must notify the meet director of this change. *As an option, you may decline to work any dual meets and pay an additional \$200.00 per family. Everyone with a participating swimmer must work conference. If you are opting not to work dual meets, the \$200.00 fee needs to be included with your registration fee.*

Check one: I agree to work four dual meets and the conference meet.
 I decline to work any dual meets and agree to pay an additional \$200.00 and I agree to work the conference meet.

LATE FEE: **If contract and payment is not submitted on or before May 30, 2009 an additional \$20.00 will be due.**

I do hereby allow (list children's names) _____ to participate on the Copperfield Swim Team and agree to the above terms. In order to participate in swim meets, I understand the swimmer(s) must attend practices, with the exception of illness or prearranged absences (camps, vacations, etc.). Furthermore, by signing this agreement, the undersigned acknowledges that there are inherent risks associated with participating in swim team activities, and in consideration for the right of the above named child/children to participate, the undersigned hereby release and hold harmless the Copperfield Swim Team and/or the Copperfield Swim Club, their agents, servants, successors and assigns, from any and all liabilities, claims, demands, actions, causes of actions, damages, costs, expenses and compensation of any kind or nature, known or unknown, foreseen or unforeseen, on account of any unintentional and/or negligent conduct resulting in any injury to the person or property of the undersigned and/or the above named child/children while competing in, officiating in, observing of or for any other purpose participating in any swim team activities, whether on or off the Copperfield Swim Club premises or property.

Parent's signature

Date

**** For swim team use only ****

Swim team dues _____	@ \$100.00 = _____	T-shirt _____
Swim team dues _____	@ \$125.00 = _____	Roster _____
Swim team dues _____	@ \$ 50.00 = _____	Medical Release _____
Decline of meets _____	@ \$200.00 = _____	Volunteer Form _____
Late fee _____	@ \$ 20.00 = _____	
Addtl T-Shirt _____	@ \$ 12.00 = _____	
Swim Cap _____	@ \$ 5.00 = _____	

Total: _____ Check # _____ Cash _____ Date _____

RETURN WITH REGISTRATION

**Copperfield Crocodiles
Roster Information
2009**

PLEASE PRINT ALL INFORMATION

Swimmer Information – Swimmer 1

Proficient in these strokes: circle all that apply
Freestyle Backstroke Breaststroke Butterfly

Last Name _____

First Name _____

Birth Date ____ / ____ / ____

Male or Female (circle one)

Swimmer Information – Swimmer 2

Proficient in these strokes: circle all that apply
Freestyle Backstroke Breaststroke Butterfly

Last Name _____

First Name _____

Birth Date ____ / ____ / ____

Male or Female (circle one)

Swimmer Information – Swimmer 3

Proficient in these strokes: circle all that apply
Freestyle Backstroke Breaststroke Butterfly

Last Name _____

First Name _____

Birth Date ____ / ____ / ____

Male or Female (circle one)

Swimmer Information – Swimmer 4

Proficient in these strokes: circle all that apply
Freestyle Backstroke Breaststroke Butterfly

Last Name _____

First Name _____

Birth Date ____ / ____ / ____

Male or Female (circle one)

Parent/Guardian Information

Mother and Father's name: _____

Address: _____

Phone: _____

Email addresses: _____

RETURN WITH REGISTRATION

**Copperfield Swim Team
Authorization for Treatment
2009**

This document is to be used for authorization for emergency medical treatment for the child listed below:

Name: _____ Sex: M or F (circle one)

Birth Date: _____

Address: _____

Home Phone _____ Emergency Phone _____

Insurance Co: _____ ID # _____

Doctor: _____ Phone No _____

Any Allergies or past Medical problems? _____ Y _____ N

If Yes, Please Explain: _____

(If necessary, a medical release from your child's physician may be requested to clear your child from competitive swimming.)

Please list any medications your child is presently taking: _____

This document gives consent to any hospital, emergency treatment center, and the employees or physician thereof to administer treatment and care. In the event that I cannot be reached in an emergency, I give permission to the adult leader in charge to select a physician and to authorize said physician to administer treatment and care, to hospitalize, to secure proper anesthesia, to order injection, or to authorize surgery for my child.

Signature of Parent/Guardian Date

**PLEASE COMPLETE A FORM FOR EACH SWIMMER
AND RETURN WITH REGISTRATON**

**COPPERFIELD CROCODILES
T-SHIRT INFORMATION
2009**

Each registered swimmer receives a T-shirt at no additional cost

T-Shirts for Swimmers

List swimmer's name(s) and T-shirt size(s) on lines below

1. _____ YS YM YL AS AM AL AXL
2. _____ YS YM YL AS AM AL AXL
3. _____ YS YM YL AS AM AL AXL
4. _____ YS YM YL AS AM AL AXL
(circle size for each swimmer)

YS – Youth Small (Size 6-8)
YM – Youth Medium (Size 10-12)
YL – Youth Large (Size 14-16)

AS – Adult Small
AM – Adult Medium
AL – Adult Large
AXL – Adult X-Large

****Keep in mind that T-shirt sizes run smaller than regular clothes.**

Additional T-Shirts for Non-swimmers - \$12.00

Make check payable to Copperfield Swim Team and attach to this form.

Quantity: _____ Size: _____ (use size codes above)
Quantity: _____ Size: _____ (use size codes above)

Swim Caps for Swimmers - \$5.00

This year's cap will be the same as the 2008 swim cap and is not included in the registration fee. You may use the black swim cap from last year or order new caps below.

Make check payable to Copperfield Swim Team and attach to this form.

Quantity: _____

RETURN THIS FORM WITH REGISTRATION

**COPPERFIELD CROCODILES
PARENT VOLUNTEER COMMITMENT FORM
2009**

Each family must sign up for 4 positions

Contact Information		
Parent Name(s)		
Address		
Swimmers' Names & Ages	1.	
	2.	
	3.	
	4.	
Email Address		
Phone Numbers	Daytime:	Evening:
Cell Numbers	Mom:	Dad:

2009 Meet Schedule

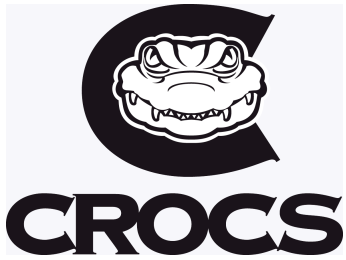
June 10	Pinnacle	HOME
June 17	Firebrook	HOME
June 24	Wilmore	HOME
July 1	Equestrian Woods	Away
July 8	Cumberland Hills	HOME

Dates that I Can Volunteer
1.
2.
3.
4.

Volunteer Positions I Will Do	Prior Experience in Position		
1.	Yes	or	No
2.	Yes	or	No
3.	Yes	or	No
4.	Yes	or	No

RETURN THIS FORM WITH PAID REGISTRATION

Internal Use Only: Received _____



**Individual and
Family Sponsors
\$50.00 each**

Name of the individual(s)
or family name will be listed.

**Corporate Sponsors
\$100.00 each**

We will list the company
name on the T-shirt and
include the company logo
on the banner if desired.

2009 Board Members

Chuck Fowler	223-2624
Susan Bravard	223-2715
Keith Winstead	
Mike Cooper	224-3149
Stacia Neuer	361-2289
Di Sobel	224-7738
Beth Sturgill	
Pam Cunningham	
Dan Stone	

BE A TEAM SPONSOR

Support Our Swim Team

2009 Copperfield Crocodiles SwimTeam

We need sponsors for the 2009 swim season. By sponsoring the team, you not only help kids have a great summer, but we also make sure that your support is recognized.

- * All sponsors will be listed on the team T-shirt worn by all team members.
- * All sponsors will be listed in the heat sheet each week and also on the team banner displayed at each swim meet.

Fill out the form on the back of this sheet and return it at registration or to:

Chuck Fowler
1421 Copper Creek Drive
Lexington, KY 40514

SPONSOR FORMS ARE DUE BY MAY 23

**SWIM TEAM PARENTS
SAVE ON YOUR REGISTRATION FEES**

BRING IN ONE SPONSOR and get 10% off
a single swimmer registration.

BRING IN \$500 OF SPONSORS and receive
a single swimmer registration for FREE.

www.copperfieldlex.org/swimteam.html

Copperfield Swim Team Sponsor Form 2009

Make checks payable to Copperfield Swim Team, Inc.

Name: _____

Address: _____

Phone: _____

Email: _____

Check one of the following

Individual / Family (\$50.00) Name to be Listed:

Corporate (\$100) Corporate Name to be Listed:

Corporate sponsors if you desire to include your logo, attach a clean copy of the logo to this sheet. You can also email the logo to rgilbert@gilbertdesign.net.

SPONSOR FORM MUST BE TURNED IN BY MAY 123^H

You may turn in this form:

1. At the swim team registration

OR

2. Mail or hand deliver to:

Chuck Fowler
1421 Copper Creek Drive
Lexington, KY 40514

Sponsor obtained by: _____
(Name of Copperfield Swim Team Member/Family)