

**Copperfield Crocodiles
Swim Team
Registration Packet
2011**



Return forms to:

**Beth Sturgill
1345 Glenview Drive
No later than *May 27!!!***

**Copperfield Crocodiles
Roster Information
2011**

PLEASE PRINT ALL INFORMATION
Please note with ** if any swimmers are “mini-CROCS”

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
2011**

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 for 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
2011**

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 2009/2010 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
2011**

Each family must sign up for 4 positions(1 for mini-CROCS)

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

2011 Meet Schedule

June 8	Equestrian Woods	AWAY
June 13	Pinnacle	AWAY (This is a Monday!)
June 15	Cumberland Hills	AWAY
June 22	Palomar	HOME
June 29	Waterford	AWAY
July 6	Firebrook	HOME
July 9-10	Conference Meet at Waterford	

Dates that I Can NOT 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

Interested in helping with social events? Yes No (please circle one)

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
\$125.00 each**

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

**Gold Sponsors
\$500.00 each**

You will receive the same benefits
As a corporate sponsor **plus** you
will be the **featured sponsor** at
one of our home meets. You will
have an exclusive banner
prominently displayed and your
company will be featured during
PA announcements at the meet.

2011 Swim Board Members

Beth Sturgill 224-8845
Chuck Fowler
Stacia Neuer
Di Sobel
Steve Marshall
Phyllis Pasch
Ashlea Parks
Jaymi Maul
Jessica Short
Mike Cooper

BE A TEAM SPONSOR

Support Our Swim Team

2011 Copperfield Crocodiles Swim Team

We need sponsors for the 2011 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 next page and return it at registration or to:

**Beth Sturgill
1345 Glenview Drive
Lexington, KY 40514**

Sponsor forms need to be turned in by May 21!!!

**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 2011

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 (\$125) or Gold Level (\$500) (Circle one)
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 Sturgill93@insightbb.com

SPONSOR FORM MUST BE TURNED IN BY MAY 21st

You may turn in this form:

1. At the swim team registration

OR

2. Mail or hand deliver to:

Beth Sturgill
1345 Glenview Drive
Lexington, KY 40514

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