

Swimmer Name **DOB** (mm/dd/yy)

Training Group Stroke School Swim School (circle one) Beginner 1 Beginner 2 Home School Swim Team
 (check one) Yellow White Red Blue
 Bronze Silver Gold (circle one) **T Shirt Size** YS YM YL YXL AS AM AL AXL

Swimmer Email Address (if any)

Allergies or Other Medical considerations:

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Swimmer Email Address (if any)

Allergies or Other Medical considerations:

Home Address Street

City Greensboro State NC Zip **City Resident** (circle) Yes No

Home Phone **Email billing** (circle) Yes No **Email address for billing:**

Father

Emergency Contact Information

Email address Name
 Phone - work Phone
 Phone - cell Relationship
 Employer

Mother **Summer CSA Club**

Email address **Child's Physician** Phone
 Phone - work Name
 Phone - cell **Child's Dentist** Phone
 Employer Name

Health Insurance Company

Named Insured **Policy #**
Relationship **Group #**

The undersigned hereby releases the Greensboro Swimming Association, Inc.; it's Coaches, Officers and Board of Directors, official team chaperones, and any GSA designated facility from any liability arising from any injury of the above named swimmer(s) while participating in GSA swim programs, practices, competitions or other related activities. Your signature below gives rights and permission to the Coaching Staff and Board of Directors to seek medical attention for the above-named swimmer(s) in an emergency, and to the Attending Physician or Hospital to perform whatever care is necessary for the welfare of your child(ren) until such time as you are able to be contacted.

Policies and procedures are established to hold GSA in the most favorable light and to ensure a positive experience for GSA athletes. The membership's cooperation is essential to the success of the organization. Failure to adhere to these guidelines will deter GSA from its mission. Parties that are not compliant will be suspended or dismissed from GSA. Your signature below indicates you have read and will comply with GSA guidelines, financial obligations, volunteer expectations and Code of Conduct.

Parent Signature _____ Date _____ Please complete both sides of form



The Greensboro Swimming Association

2009-2010 Volunteer Sub-Committee Sign Up

As a non-profit organization, The Greensboro Swimming Association relies completely on the volunteer efforts of **ALL** its parents and friends to provide a full range of excellent swimming experiences for its athletes, both in and out of the pool. Please volunteer generously!

Family Name: _____

Email Address: _____

Mother Name: _____ Father Name: _____

of GSA swimmers in the family: _____

Circle all swimmer group(s): Stroke School Yellow White Red Blue Bronze Silver Gold

Please indicate top 3 sub-committee choices for each parent (1, 2, 3)

Social Committee: This committee makes arrangements for enjoyable, team-building social events for the swimmers and team.

Mom	Dad	
		Swimmer Parties Sub-committee (Halloween party, Holiday lunch, July 4 th party, City Meet breakfast)
		Team Parties Sub-committee (Fall Parent Social, Spring Awards Celebration, Easterns Psych Up Dinner, Senior Graduation Party)

Fundraising Committee: This committee is responsible for securing additional funds for the team through fundraiser events, apparel sales, and securing meet sponsors and advertisers.

Mom	Dad	
		Fall Silent Auction Fundraiser Sub-committee
		Meet/Team Sponsor and Heat Sheet Ad Solicitation Sub-committee
		Meet Theme Sub-committee (heat sheet cover designs, meet t-shirt design and sales)
		Swim Shop Sub-committee (organizes team apparel and equipment procurement and sales including managing Kastaway and other providers)

Swim Meet Operations Committee: This committee is responsible all aspects of hosting GSA's 4-5 USAS sanctioned swim meets per year which generate operating revenue for the team. Parents of competitive swimmers who are not otherwise involved in meet day operations will be requested to time at all GSA sponsored swim meets.

Mom	Dad	
		Meet Director Sub-committee (sanctions, entries, meet oversight)
		Meet Day Operations Sub-committee (timing console, clerk of course, data entry)
		Meet Facility/Equipment Sub-committee (equipment set up, tear down)
		Meet Hospitality Sub-committee (providing refreshments for meet workers)
		USAS Meet Officials (requires certification)
		Volunteer Coordinator Sub-committee (recruit timing staff, announcers, meet marshals and hospitality workers for each meet as required)

Other talents or technical skills you are willing to provide to GSA?: _____

Interest in serving on GSA's Board of Directors? _____