



**DESK STAFF INITIAL:** \_\_\_\_\_

Registration Fee: \$ \_\_\_\_\_

10 Punch Pass: \$ \_\_\_\_\_

OR Season Pass: \$ \_\_\_\_\_

TOTAL: \$ \_\_\_\_\_

## SEASON REGISTRATION: October - March

Swimmer First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_

Additional Sibling Swimmers:

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_

Parent/Guardian: \_\_\_\_\_ Preferred Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Email(s)\*: \_\_\_\_\_

\* This email will be assigned to each swimmer listed above in order for the coach to be in contact with the parent/guardian

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical condition, allergies, and/or medications the coaches should know of:

---

---

If you were part of the off-season training, you will need to re-sign another code of conduct and participation waiver as there are additional responsibilities and participation information that is needed for the season. The Stingrays Swim Team brochure includes all necessary information: The Code of Conduct, Swim Team Policy and Philosophy, and this year's Fees.

**Thank you for your interest in the Charlevoix Stingrays Swim Team!**

The Charlevoix Area Community Pool complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity).

**Please read the Stingrays Swim Team brochure with the Code of Conduct, Swim Team Policy and Philosophy, and this year's Fees before proceeding.**

Please read and Sign:

I understand and accept the non-refundable, non-transferable fee structure, team policies and code of conduct: that payments must be made up front in order to attend practice. I allow CACP and its staff to contact me and/or my child via email or phone for swim team news and pool information.

Participation in any activity at the Charlevoix Area Community Pool is at the sole discretion and judgment of the patron, and at his or her own risk. I, the signatory, for myself and my dependents, assume full responsibility for any injuries or damages which may occur to me or my dependents, in, on or about the premises of the facility and do hereby fully and forever release and discharge Charlevoix Area Community Pool, its agents, or employees, and the Charlevoix Area Community Pool Board from any and all suits, claims, damages, costs and expenses of every kind, in conjunction with the use of this facility and equipment thereof, except that arising out of sole negligence of the Charlevoix Area Community Pool.

I, the signatory, for myself and my dependents, further agree to abide by the rules of the facility, to use all equipment and the facility properly and leave them in good condition. I, the signatory, assume total liability and agree to reimburse the Charlevoix Area Community Pool for all damages incurred through the misuse of the facility and/or equipment thereof. I, the signatory, certify that the information given in this application is complete, accurate, and that the individuals are eligible to participate.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

The CACP has my permission to use my child's photo in promotional / marketing applications. Please Initial: \_\_\_\_\_

I have read the Code of Conduct and discussed the expectations with my swimmer(s). The swimmer(s) understands the Code of Conduct and will follow it at home and away events and at any event where CSST is represented including practices.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Swimmer(s): \_\_\_\_\_ Date: \_\_\_\_\_

Additional Swimmers: \_\_\_\_\_  
\_\_\_\_\_