

2009 BURKE CENTRE SWIM TEAM APPLICATION

Parent Name(s): _____

Address: _____

City: _____ Zip: _____

Burke Centre Resident: Yes No # in your family who will be members of Burke Centre Pools: _____

Home telephone: _____ Daytime telephone: _____ Cell: _____

Emails: _____
 (Some team information is sent out via email. Clearly list all emails to which you would like team information sent.)

Emergency Contact: _____ Telephone: _____

BACKGROUND: Due to its large number of swimmers, the Burke Centre Swim Club (BCSC) has two teams: the Penguins and the Stingers. Other than a common administrative body, both teams function independently. Although periodically the teams may be assigned to different divisions within the Colonial Swim League (CSL), both teams are considered equal (i.e. there is not an "A" team). The Penguins practice at the Landings pool and the Stingers practice at the Ponds pool. Both teams hold their developmental and competitive meets at the Commons pool. Visit www.burkeswimclub.org for additional information about both teams. Families that have not swum on either Burke Centre team will be assigned to a team, balancing team sizes by age group, gender, and skill level. Efforts will be made to honor requests, but preferences are **NOT** guaranteed. NEW families will receive notification of team assignment prior to the team meeting in late May. *To participate on the swim team, FAMILIES MUST ALSO BE MEMBERS OF THE BURKE CENTRE POOLS (Membership to the pools is a separate registration. Contact the Burke Centre Conservancy at (703) 978-2928 // www.burkecentreweb.com for membership information & pool locations).*

PLEASE CHECK YOUR FAMILY STATUS:

NEW*: _____ previous PENGUIN: _____ previous STINGER: _____

NEW family team preference/comments: _____

***NOTE:** *If you have swum previously for the Penguins or the Stingers, please indicate the team. Even if re-registering after a break in participation, you remain on the team to which you were initially assigned.*

SWIMMER REQUIREMENTS/INFORMATION: Swimmers (including siblings that have not previously participated on a team) interested in joining the Burke Centre Swim Club, will be evaluated to ensure that they meet the Red Cross Level III performance criteria which requires swimmers to swim 15 yds (front & back) and float & tread water for 30 seconds. Swimmers do not need to know all competitive strokes. ***ALL new swimmer evaluations will be held at the Commons pool on Tuesday, May 26, 2009. Stop by anytime between 4:00pm - 7:00pm to be evaluated.***

<u>SWIMMER'S NAME:</u>	<u>SEX:</u>	<u>BIRTH DATE:</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Fees are refundable (*minus a \$5 processing fee*) upon request **PRIOR** to the Penguin/Stinger time trials on June 13, 2009. **NO** refunds will be issued after this date. Make checks payable to the *Burke Centre Swim Club*. Registrations must be postmarked on or before **04/30/09**. Registrations postmarked **after** 04/30/09 must pay an additional **\$50 late fee**.

<p style="text-align: center;">fees if postmarked on or before 4/30/2009:</p> <p>cost for one swimmer = \$100</p> <p>cost for two swimmers = \$200</p> <p>cost for add'l swimmers = \$75 each additional swimmer</p>	}	<p style="text-align: center;">fees if postmarked after 4/30/2009:</p> <p>cost + \$50 late fee</p>	<p>Mail to: Janine Canty 6015 Windward Drive Burke, VA 22015 703-250-0196</p>
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QUESTIONS? Call or email Janine Canty @ (703) 250-0196 // JCanty01@cox.net

PLEASE READ AND COMPLETE THE WAIVER ON PAGE 2 OF THIS FORM. THIS WAIVER MUST BE SIGNED PRIOR TO PARTICIPATION IN A PRACTICE OR A MEET.

2009 BURKE CENTRE SWIM CLUB (page 2)

COMPETITIVE SWIM EXPERIENCE: If you are a **NEW** swimmer that swam competitively for **another swim team**, please fill out the following information. Returning swimmers or new swimmers that have not swum for a team previously do **NOT** need to fill in this section:

	#1 SWIMMER:	#2 SWIMMER:	#3 SWIMMER:
Name:	_____		
Swim Team:	_____		
Years swim experience:	_____		
Times (mm:ss:hh) [specify yards or meters]			
Freestyle:	_____		
Backstroke:	_____		
Breaststroke:	_____		
Butterfly:	_____		

COLONIAL SWIM LEAGUE WAIVER

(this **MUST** be signed in order to participate on swim team)

The Colonial Swimming League exists to promote healthy, friendly, competitive and safe swimming opportunities for my child(ren). It is a non-profit organization run by volunteers for the benefit of its members, including me. I support and participate in the League and its sanctioned activities either directly or indirectly through my child(ren). We derive the intended benefit of safe, friendly competition and other such benefits from our participation. For that reason, and with an explicit understanding of the consequences of doing so, I, as the parent or legal guardian of the child(ren) named below, agree that I will not file suit or cooperate in any suit brought on behalf of my child(ren) against the League, or its officers, or any other member team, coaches, officers, or any pool organization sponsoring a Colonial Swim League team or its coaches or officers, for any injury suffered by my child(ren) in the course of League sponsored competition, including swimming meets, warm-ups and practices, UNLESS the injury is the result of gross negligence, meaning willful misconduct of the party sued. I further agree, in consideration of the above described benefits, that if I do initiate or am a party to litigation in which gross negligence is alleged, and that lawsuit is unsuccessful, I will reimburse the party(ies) sued for their legal fees and costs associated with that lawsuit.

Parent/Guardian: _____ (signature) _____ (date)

Children: _____, _____, _____, _____

MANDATORY VOLUNTEER INFORMATION: Every family **WILL** be required to help in at least **TWO** areas during the swim season. Please indicate your volunteer preferences. If none are noted, you will be assigned where needed.

No Clinic Necessary

Announcer ___ Clerk of Course ___ Lane Timer ___ Ribbon Writer ___ Computer ___
 Snack Bar ___ Pool Set Up ___ Publicity ___ Picnic/Social ___ Fundraising ___

Clinic Required

Referee ___ Starter ___ Stroke & Turn ___ Head Lane Timer ___

Directory Opt-Out - A Burke Centre Swim Club directory to include parent/swimmer name, address and home telephone number will be created for distribution to all team members. Please sign below only if you **DO NOT** want your name to appear in this directory.

_____ I **DO NOT** want to be included in the 2009 BCSC directory.
 Parent Signature