

KRA • 2011 • Pre-team Registration Form

REGISTRATION

1. **On-Site:** Bring this form, a check and your swimmer to the swim pavilion on Monday, June 20 at 11:30 pm. Swimmer evaluations will take place from 11:30 – 12:30 pm in the lap pool. After evaluations, your child will be assigned to a practice session, and practice session assignments will be posted on the swim bulletin board by Tuesday afternoon June 21.
Practice Session 1 will be from 11:30 – 12:00 noon.
Practice Session 2 will be from 12:00 noon – 12:30 pm.
2. **Practice begins:** Wednesday June 22.
 Practices take place on Monday, Wednesday, Thursday and Friday.
3. **Fees:** \$50 per swimmer.
4. **Volunteering:** We need parent volunteers to run our cupcake meet. Sign up below to be a meet volunteer; bring juice boxes or a dozen cupcakes.
5. **Cupcake Meet:** Pre-team cupcake meet will be July 15 from 11:30 – 12:30 pm.

Family Info	Parents' Names: _____ Address: _____ Email Address(es): _____ Emergency Contact: _____ Phone: _____ I AM VOLUNTEERING FOR: Meet Volunteer _____ Juice Boxes _____ Dozen Cupcakes _____			
Swimmer Information	Swimmer #1: _____ Circle gender: M F Age as of 6/01/11: _____ Birthdate: ____/____/____ Special conditions: _____ Session Preference: 11:30 12:00 Available for exhibition swim at last home meet on 7/18: Yes No COACHES ONLY: Session Assignment 11:30 12:00			
Swimmer Information	Swimmer #2: _____ Circle gender: M F Age as of 6/01/11: _____ Birthdate: ____/____/____ Special conditions: _____ Session Preference: 11:30 12:00 Available for exhibition swim at last home meet on 7/18: Yes No COACHES ONLY: Session Assignment 11:30 12:00			
Swimmer Information	Swimmer #3: _____ Circle gender: M F Age as of 6/01/11: _____ Birthdate: ____/____/____ Special conditions: _____ Session Preference: 11:30 12:00 Available for exhibition swim at last home meet on 7/18: Yes No COACHES ONLY: Session Assignment 11:30 12:00			
Additional Info	I/we represent and warrant to Kanawha Recreation Association ("KRA") that the undersigned is/are the mother/father/legal guardian of the above named child/children and I/we have provided all information requested above regarding my/our child/children. I/we further authorize KRA to use the names of my/our family or any member thereof, as well as photographs and/or video clips of my/our family or any member thereof for KRA newsletters and web site for the promotion of the KRA Aquatics and other events of KRA. Furthermore, I/we hereby release and hold harmless KRA, its directors, officers, employees and volunteers from any and all acts, actions, claims, causes of action, demands or liability of whatever nature or kind, whether known or unknown, including actual, consequential and punitive damage, on account of, relating to or arising from any matter or source whatsoever, regarding the use by my/our family of the KRA facilities and our participation in the KRA programs on and off the property of KRA.			
	Print Name	Signature	Date	
	Date Payment Received	Check Amount	Check Number	Volunteered?