



**1. MEET VOLUNTEER REQUIREMENTS:**

I understand that parental participation is key to the success of the Whitecap Swim Team. I agree to sign up and fulfill my **six required volunteer shifts**. I also understand that it is my responsibility to find a sub if I am unable to fulfill my assigned volunteer shifts.

If you have any swimmers that are ages **11 years & up**, you are asked to work at least **2 second half positions**. Please check each half you are available. The volunteer coordinator will assign you 6 halves as needed.

Meets	first half	second half
Thur. June 11 @ Raintree		
Wed. June 17 @ HOME		
Wed. June 24 @ HOME		
Wed. July 1 @ HOME		
Wed. July 8 @ Tuckahoe		
Wed. July 14 @ Dominion Club		

Again this year, **returning families must** have one family member trained in one of the **certified positions**. Select at least one position from the list below that you wish to be certified in. Please put a "C" by any positions you are already certified in.

- |   |  |
|---|--|
| <p>1. ___ Referee *</p> <p>2. ___ Starter</p> <p>3. ___ Strokes &amp; Turns</p> <p>4. ___ Clerk of Course</p> | <p>5. ___ Meet Director</p> <p>6. ___ Scorer</p> <p>7. ___ Head Table Worker</p> <p>8. ___ Computer Assistant **</p> |
|---|--|

\* Must be certified in all positions  
 \*\* Training provided by computer rep

Initial \_\_\_\_\_       Initial Volunteer Coordinator \_\_\_\_\_

**2. WELLESLEY WATCH DELIVERY OBLIGATION:**

I understand that the Whitecaps Swim Team relies on the money that is earned through the monthly delivery of the Neighborhood Newsletter - **Wellesley Watch**. I agree to sign up and fulfill my **three times a year** delivery of this fundraiser obligation. I also agree to treat this obligation with a positive **team attitude- remember we are all volunteers!**

If you wish to opt-out, please add an additional \$50 to your registration total.

Initial \_\_\_\_\_       Initial Wellesley Watch Coordinator \_\_\_\_\_

**I understand that in order for my child(ren) to register to swim, I must volunteer and work at least SIX halves of our six swim meets and deliver the Wellesley Watch 3x a year - unless you have opted out for a fee of \$ 50.**

Signature \_\_\_\_\_

Date \_\_\_\_\_

**3. REFUND POLICY:**

All refund request must be made in writing, signed by the parent, and hand delivered to swim team parent rep or registrar before the refund deadline.  
After June 5th or the mock meet, **NO REFUNDS WILL BE ISSUED.**

● Initial \_\_\_\_\_

**4. SUPERVISION:**

I understand that swim meets are not drop off sites for my younger children. I agree to supervise my children at all swim meets or have a designated adult be responsible for supervising them.

● Initial \_\_\_\_\_

**5. CODE OF CONDUCT HANDBOOK:**

I understand and have read the Wellesley Whitecaps Swim Team Code of Conduct Handbook posted on the website. Please print the last page only and bring the **signed** bottom portion to registration.

● Initial \_\_\_\_\_

**6. SPORTS PARTICIPANT RELEASE OF LIABILITY, WAIVER**

I understand and have read the Sport Participant Release of Liability Waiver posted on the website. Please print and bring the **signed** pages to registration

● Initial \_\_\_\_\_

● Parent Rep. Initial \_\_\_\_\_

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Printed Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

## Emergency / Insurance / Medical Waiver

### All Emergency Release:

In the event of an emergency, I hereby authorize the Wellesley Whitecaps Swim Team (Coach or Parent Representative) to seek medical attention for my children:

Parent Full Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Emergency contact if parent is unavailable:

Full Name of Contact: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

### Insurance Information:

Insurance Co. Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Group Number: \_\_\_\_\_

Responsible Party: \_\_\_\_\_

### Medical Information:

Do your children have any special medical/ allergy/ medication needs of which the coaches should be aware?

**Swimmer:** \_\_\_\_\_

**Swimmer:** \_\_\_\_\_

**Swimmer:** \_\_\_\_\_

**Swimmer:** \_\_\_\_\_

### Insurance Release

#### Waiver:

I, as parent of the child registered above, give my approval for participation in any and all of the activities of the Wellesley Homeowners Association competitive swimming program, also known as the Wellesley Whitecaps Swim Team. I understand that the risks of personal injuries are inherent in swimming practices and meets, despite all reasonable efforts to prevent such injuries. In case of injury to my child, I release, absolve and hold the Wellesley HOA and all persons engaged in any manner with its competitive swimming program harmless from liability or loss, and waive all claims against any and all of them, and agree to indemnify them for any and all liability they may incur as a result of any such injury, in consideration of my child's admission to participate in the Wellesley Homeowners Association competitive swimming program. I give permission for any and all medical attention necessary to be administered to my child until such time as I may be contacted.

● **Printed Name** \_\_\_\_\_ **Signature** \_\_\_\_\_

**Date** \_\_\_\_\_