

Hill City Swim Team 2025 Registration Form

Swimmer(s) Information

<u>Swimmer Name</u>	<u>*Swim Buddy?</u>	<u>Gender</u>	<u>Age of 6/1/25</u>	<u>Birth Date</u>	<u>Will swimmer be on the Dolphin Training Team? (Yes/No)</u>
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				

*Swim Buddies is a way to get to know other swimmers on the team. Swim buddies cheer for each other during your events and offer encouragement. Each meet you exchange encouraging notes and small inexpensive surprises.

Mailing Address _____

Email Address (for HCST Updates) _____

Mother's Name: _____

Phone Number: _____

Father's Name: _____

Phone Number: _____

Emergency Contact: _____

Phone Number: _____

Fee Information

1st Swimmer:	\$115
2nd Swimmer:	\$95
3rd Swimmer:	\$75
Each Additional Swimmer:	\$65
Hill City Pool or HCST Employee:	\$70

Check to confirm that swimmer is a member of Hill City Swim and Tennis Club.

What is your member number? _____
(If you are a new member and do not have your member number yet, write "new member")

Note: LAL by-laws state that all swimmers must be a member of the pool for which they are swimming.

Payment Information

If registering in person:

Payment can be made by cash, check or credit card.

Please make checks out to HCST.

If mailing in registration:

Payment can be made by check. Please make check payable to HCST.

Please send check and registration form to:
Michelle Wells
501 Mantle Drive
Lynchburg, VA 24501

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SWIMMER EVALUATION:

Swimmers who are new to the team will be evaluated to determine if they should start on the Dolphin Training Team or the regular team. Swimmer placement will be at the sole discretion of Hill City Swim Team Coaches .

I understand that my swimmer will be evaluated by Hill City Swim Team Coaches and they will determine my swimmer's placement.

Parent/Guardian Name Printed: _____

Parent/Guardian Signature and Date: _____

LIABILITY WAIVER and MEDICAL CONSENT:

I, the parent/guardian of the above-named child(ren), certify that all of the above information is correct. I hereby give my approval for my child's/children's participation as a swimmer on the Hill City Swim Team, and their participation in any and all Hill City Swim Team activities. I understand that swimming is an action sport carrying the risk of significant personal injury, and do hereby waive, release, absolve, indemnify and agree to hold harmless Hill City Swim and Tennis Club, the Hill City Swim Team, its Coaches, its Board of Directors, sponsors and volunteers while my child participates in practices and meets, of any claim arising out of any injury to my child(ren). Should an accident or injury occur, I hereby authorize the above named swimmer(s) to be treated by qualified medical personnel and/or be transported to an emergency medical facility.

The risk to have contact with individuals, who have been exposed to and/or have been diagnosed with one or more communicable diseases, including but not limited to COVID-19 or other medical conditions, diseases, or maladies does exist, and it is impossible to eliminate the risk that I could be exposed to and/or become infected through contact with or close proximity with an individual with a communicable disease.

I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume all full responsibility for my participation.

Parent/Guardian Name Printed: _____

Parent/Guardian Signature and Date: _____

PHOTO WAIVER:

____ I give permission for my swimmer's photograph to be used in the newsletter, website, or promotional material

____ Please do not use my swimmer's photo in the newsletter, website or promotional material

Parent/Guardian Name Printed: _____

Parent/Guardian Signature and Date: _____

2025 Hill City Swim Team Code of Conduct

Swimmers: (Parents of younger swimmers, please read this with your child).

- Respect your teammates, coaches, officials and opponents at all times.
- Give 100% effort at practice and meet.
- Support and encourage your teammates.
- Display good sportsmanship at all times on and off the pool deck.
- Listen to and learn from your coaches.
- Be modest in victory and gracious in defeat.
- Have fun!

Swimmer Signature _____ Swimmer Signature _____

Swimmer Signature _____ Swimmer Signature _____

Parents:

- Teach and practice good sportsmanship at all meets and practices. You are role models!
- Respect the sport. Respect the officials. Respect the coaches. Respect other parents.
- Do not coach your child. Let swimmers swim and coaches coach, and support both positively.
- NEVER criticize other swimmers, coaches or officials regardless of the circumstances.
- Emphasize the FUN of the sport and the benefits of training, competing and putting forth effort at all times. Do not emphasize beating another swimmer.
- Be an active member of the team by volunteering regularly.

Volunteering: Swim meets can only happen when parents volunteer regularly. Please select one of the following. Training will be provided as needed.

I agree to volunteer for at least 2 meets in the 2025 season.

Note: Meets are divided into 2 halves, so you would need to sign up for either first or second half of 2 meets.

In lieu of volunteering for the 2025 season, I will donate \$50 to HCST.

Signature _____ Date _____

Printed Name _____