

# TERRYTOWN COUNTRY CLUB

## 2021 JR JCCA Swim Team Registration

**Swim Team Registration: Saturday, April 17, 2021 10a-12p**

Parent Member Name: \_\_\_\_\_ CELL Phone #: \_\_\_\_\_

E-mail contact\*: \_\_\_\_\_

\* Please note we communicate via email, text message & Facebook regarding Practices, Meets, etc. You must provide a valid contact for us to effectively communicate schedule changes, meets, etc.

Child's Name	Birthdate	Age as of 6/1/21	Sex M / F	Registration Fee **	T-Shirt: \$15 Youth (S-XL) or Adult (S- XL)			
					Shirt Size	Shirt Cost	Subtotal	
				\$60		\$15		
				\$55		\$15		
				\$50		\$15		
				\$40		\$15		
				\$40		\$15		
<b>Additional T-Shirts \$15 each: Youth S-XL, Adult S-XL; \$20: 2X-3X, Ladies S-3X</b>								
<i>No T-shirt orders accepted after 5/21/2021</i>							<b>TOTAL DUE:</b>	

**\*\* If you are currently registered with SLST, TCC Swim Registration = \$30 (T-Shirt NOT INCLUDED)**

**\*\*\* Swimmers must be able to swim unassisted.** Minimum qualifications to participate on Swim Team:  
4-8 year olds: swim 25 yards unassisted; 9-14 year olds: swim 50 yards continuously without stopping;  
15-18 year olds: swim 100 yards continuously without stopping. *New Swimmers required to attend an evaluation session to determine their practice group placement.*

Volunteer Positions (check all that you can assist with):

Timer: \_\_\_\_\_ Ribbon Writer: \_\_\_\_\_

Concessions: \_\_\_\_\_ Place Picker: \_\_\_\_\_

Table Worker: \_\_\_\_\_ Parent Coordinator: \_\_\_\_\_

Head Table Worker\*\*\*: \_\_\_\_\_ Stroke Judge\*\*\*: \_\_\_\_\_

\*\*\*Requires Attending 1 Training Class (training good for 3 years, class TBA)

**Family participation required. 1 Family representative is required to work ½ of every meet (Home and Away).** If you cannot make a meet, the swimmer's family must contact the Parent Coordinator 24 hours prior to the meet to advise who will be your substitute. Your support is crucial to the meet's success. We must have 100% Family participation as we are a small club.

**Administrative Use only:** Amount Rcvd: \_\_\_\_\_ Cash/Check# \_\_\_\_\_ Date: \_\_\_\_\_  
 Membership type: \_\_\_\_\_ Member Dues Paid: \_\_\_\_\_ SLST Registration confirmed: Y / N