



2010-2011 Swimmer Participation Form

(Please print clearly)

Please note: The club recognizes the sensitive nature of the information you are about to provide. This information will be held in confidence within the Legends organization, and shared internally, on a "need to know" basis only.

SURNAME: _____ FIRSTNAME: _____

GENDER: _____ BIRTHDATE: _____ (Please spell month) GROUP: _____

MCP#: _____ FAMILY PHYSICIAN: _____

PARENTS / GUARDIANS' NAME(s): (1) _____ (2) _____

ADDRESS: _____

CITY/TOWN: _____ POSTAL CODE: _____

HOME PHONE NUMBER: _____

WORK/CELL PHONE NUMBER: (1) _____ (2) _____

E-MAIL ADDRESS(ES) _____

A large portion of our club communication is through email so please list any email addresses you would like us to forward information too.

ADDITIONAL SWIMMERS:

SURNAME: _____ FIRSTNAME: _____

GENDER: _____ BIRTHDATE: _____ (Please spell month) GROUP: _____

MCP#: _____ FAMILY PHYSICIAN: _____

SURNAME: _____ FIRSTNAME: _____

GENDER: _____ BIRTHDATE: _____ (Please spell month) GROUP: _____

MCP#: _____ FAMILY PHYSICIAN: _____



MEDICAL INFORMATION

[1] Please list any recent medical injuries (i.e. bone, ligament, muscle, joint or tendon):

[2] Were these swimming related injuries? YES NO

[3] Was treatment sought, if yes please elaborate: _____

[4] Please list any other chronic or recurring medical problems or limitations our coaching staff should be made aware of (i.e. allergies):

[5] Please list any medication your child is presently taking:

[6] Please indicate if chaperons may administer Tylenol or Advil at swim meets?

Yes No

CONSENT FOR EMERGENCY MEDICAL TREATMENT 2010-2011

If a parent/guardian cannot be contacted, I authorize emergency dental treatment or medical treatment (including surgical operation) for my son/daughter/ward if such treatment is deemed necessary at a St. John's Legends practice, swim meet or function.

Name of Athlete: _____

Date: _____

Signature of Athlete; Parent/ Guardian: _____

Acknowledgment of responsibility:

As parent/guardian of the athlete named within, I acknowledge my continuing obligation to keep the club's coaching staff fully aware - on a timely basis - of any injury, medical condition, or other situation, which may impede the athlete's ability to develop and perform the full potential as a competitive swimmer.

Signature of Parent/Guardian: _____

NOTE: It is very important that you complete all areas of this form and discuss it with your child. This form is to be used by the chaperone/coach whenever your child travels with the team or attends practice or any team function. Swimmers who have not submitted medical consent forms will not be permitted to attend practice. This form must be filled out for each swimmer you have participating in our club.

Ensure parent signature before returning!!



'Little Legends' - Pre-Competitive Registration

Little Legends Pre-Competitive Registration and Orientation Meeting will take place on **Monday September 20st, 2010 from 7:30-8:30 pm**, in Room 3007 of the MUN Phys Ed Building. Parents are asked to come register their child(ren), meet the coaching staff, and to stay for the brief meeting about the program.

The Little Legends program is divided into three 12-week sessions:

Session #1: September 27, 2010 – December 16, 2010

Session #2: January 10, 2011, March 31, 2011

Session #3: April 4, 2011 – June 24, 2011

Swimmers will swim twice a week. Choosing to swim either Monday/Wednesday or Tuesday/Thursday.

The cost of each 12-week session is broken down as follows

First Child = \$212.00

Second Child = \$164.00

Third Child (and any additional child) = \$116.00

NOTE: *Payment for the first 12 weeks is due at registration on September 20th. POST DATED CHEQUES with dates noted in parentheses are required at registration for the second and third 12-week sessions. These cheques will be returned should your child not continue to participate.*

1 st Child:	1 st session = \$212.00 (September 27, 2010) 2 nd session = \$212.00 (Jan 10, 2011) 3 rd session = \$212.00 (April 4, 2011)
2 nd Child:	1 st session = \$164.00 (September 27, 2010) 2 nd session = \$164.00 (Jan 10, 2011) 3 rd session = \$164.00 (April 4, 2011)
3 rd Child:	1 st session = \$116.00 (September 27, 2010) 2 nd session = \$116.00 (Jan 10, 2011) 3 rd session = \$116.00 (April 4, 2011)

Registration fees for Little Legends cover coaching, operating, club fees, social fees, and annual National (SNC), Provincial (SNL) Pre-competitive registration and insurance.

Please note the St. John's Legends Swim Club has adopted a 'NO CASH POLICY'. Cheques or money orders only, will be accepted for payment of: Registration Fees, Equipment Orders, Meet Entry Fees, Social Events, or any other club related activities.



'Legends' - Competitive Registration

Mail In Registration – In order to help with planning, parents are asked to please mail their completed registration package to the Legends Office as soon as possible. Please mail your package to: Attn: Registrar

St John's Legends Swim Club
17 Westerland Rd, St John's, NL, A1B 3R7

Legends Competitive Registration Night will take place on **Monday September 13th, 2010 from 7:00-8:30 pm**, in Room 3007 of the MUN Phys Ed Building. Parents are asked to come register their child(ren) and meet the coaching staff. If you have mailed in your registration you do not need to attend the Legends Competitive Registration Night.

Registration fees are due at the time of registration; payment options for each squad are detailed on the following pages. Please be sure to complete all forms and cheques.

Registration fees for Legends cover coaching, operating, club fees, social fees, and annual National (SNC), Provincial (SNL) competitive registration and insurance.

Please note the St. John's Legends Swim Club has adopted a 'NO CASH POLICY'. Cheques or money orders only, will be accepted for payment of: Registration Fees, Equipment Orders, Meet Entry Fees, Social Events, or any other club related activities.

Registration fees are determined by your swimmer's training group. Age Group Squads include Age Group Introduction, Age Group Youth, Age Group Development and Age Group Performance. Top Squads include Top 1, Top 2, Top 3, Senior Group and National Group.

Lavrock Camp – September 24 – 26th

Will be our first Legends team event of the 2010-2011 swim season. All competitive swimmers are encouraged to attend to get to know their teammates, learn a few dry-land activities, set team goals, play games and have fun. Everyone always has a great time so make sure to fill out our Lavrock form by Wednesday, September 8th.



**Top Squads Registration Fees
(Top 1, Top 2, Top 3, Senior Group, National Group)**

First Child = \$1478.00

Second Child = \$1031.00

Third Child (and any additional child) = \$442.00

Payment Options:

1. Yearly Payment Option – Full amount due prior to September 15th
2. Quarterly Payment Option – (post dated cheques with the dates noted are required prior to September 15th)
 - 1st Child: 1st quarter = \$606.00 (September 13th, 2010)
2nd quarter = \$436.00 (December 2nd, 2010)
3rd quarter = \$436.00 (March 2nd, 2011)
 - 2nd Child: 1st quarter = \$495.00 (September 13th, 2010)
2nd quarter = \$268.00 (December 2nd, 2010)
3rd quarter = \$268.00 (March 2nd, 2011)
 - 3rd Child: 1st quarter = \$258.00 (September 13th, 2010)
2nd quarter = \$92.00 (December 2nd, 2010)
3rd quarter = \$92.00 (March 2nd, 2011)
3. Monthly Payment Option – (post dated cheques with the dates noted are required prior to September 15th)
 - 1st Child: 1st month = \$334.00 (September 13th, 2010)
2nd – 9th month = \$143.00 (see below)
 - 2nd Child: 1st month = \$279.00 (September 13th, 2010)
2nd -9th month = \$94.00 (see below)
 - 3rd Child: 1st quarter = \$202.00 (September 13th, 2010)
2nd – 9th month = \$30.00 (see below)

Cheques for months 2-9 should be made out for the following dates:

October 2, 2010; November 2, 2010; December 2, 2010; January 2, 2011;
February 2, 2011; March 2, 2011; April 2, 2011; May 2, 2011



**Age Group Squads Registration Fees
(Age Group Performance, Development, Youth, Introduction and Fundamentals)**

First Child = \$1418.00

Second Child = \$972.00

Third Child (and any additional child) = \$413.00

Payment Options:

4. Yearly Payment Option – Full amount due prior to September 13th

5. Quarterly Payment Option – (post dated cheques with the dates noted are required prior to September 13th)
 - 1st Child: 1st quarter = \$606.00 (September 13th, 2010)
2nd quarter = \$406.00 (December 2nd, 2010)
3rd quarter = \$406.00 (March 2nd, 2011)
 - 2nd Child: 1st quarter = \$440.00 (September 13th, 2010)
2nd quarter = \$266.00 (December 2nd, 2010)
3rd quarter = \$266.00 (March 2nd, 2011)
 - 3rd Child: 1st quarter = \$249.00 (September 13th, 2010)
2nd quarter = \$82.00 (December 2nd, 2010)
3rd quarter = \$82.00 (March 2nd, 2011)

6. Monthly Payment Option – (post dated cheques with the dates noted are required prior to September 15th)
 - 1st Child: 1st month = \$314.00 (September 13th, 2010)
2nd – 9th month = \$138.00 (see below)
 - 2nd Child: 1st month = \$268.00 (September 13th, 2010)
2nd -9th month = \$88.00 (see below)
 - 3rd Child: 1st quarter = \$189.00 (September 13th, 2010)
2nd – 9th month = \$28.00 (see below)

Cheques for months 2-9 should be made out for the following dates:

October 2, 2010; November 2, 2010; December 2, 2010; January 2, 2011;
February 2, 2011; March 2, 2011; April 2, 2011; May 2, 2011