

Shelbyville Stingrays Summer 2021 Registration Form

Welcome to the Shelbyville Stingrays!

We hope to create an environment of fun and swimming excitement for part of your summer.

Page 3 of this packet may need to be printed out multiple times. We will need one page for each swimmer so we can: 1) Order team and Parent yellow t-shirts

- 2) Check off dates that you may attend meets for meet entry
(You can change this during the season if needed)

Description of Athlete Assistance Positions listed on the 2nd page.

Please see how you can help us run fast and efficient meets.

If you swim with a year round USA Club team or have any questions, please contact Tom Coons,
ShelbyStingrays@gmail.com

Registration Dates and Costs:

Current FAC Members – Sign Up Starts April 10th

Returning Stingrays – Sign Up Starts April 14th

New Stingrays – Tryouts April 16th at 5 p.m. (or by appointment)

Tryouts – Must be able to swim the length of the pool without assistance.

Open Sign Ups Starts April 16th

Practice Times: Starting June 1st

Each Group will have 16 Swimmers so space is limited.

13 & Over	Monday, Wednesday and Friday	2 – 3 pm
11 – 12	Tuesday, Wednesday, and Friday	3 – 4 pm
9 – 10	Tuesday, Thursday, and Friday	4 – 5 pm
8 & Under	Tuesday, Wednesday, and Thursday	5 – 5:45 pm

Cost:	1 Swimmer	2 or More Swimmers
Current FAC Member	\$110	\$185
Non FAC Members	\$220	\$360 includes 3 month (quarterly) Youth Membership
	\$340	\$420 includes 3 month (quarterly) Family FAC Membership

Parent Yellow T-Shirts may be ordered on the Swimmer Info / Meet Entry Page. \$10 each



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Athlete Assistance

Athlete Assistance Positions are needed at every meet. Parents must work the entire swim meet. Please indicate which meets and position you will work. Descriptions of Athlete Assistance positions are listed.

Certified Stroke and Turn Official: The League offers an Official training session that teaches you how to fulfill this position. Officials need to be familiar with the different swimming strokes and rules governing those strokes. We need 2 officials for each meet, so at least 6 parents willing to fill this position.

Computer Scorer: During the meets this person inputs meet results into the computer, scores the results and posts on wall. This shift starts before the meet starts and ends after the meet ends. LSA offers a training session for this. We need at least 2 people willing to learn this position.

Ribbons/Awards: 1-2 people per meet. This person takes the labels that the computer person prints for them, places them on ribbons and sorts the ribbons into our team boxes. Timers: 6-8 per meet. Timers sit at the end of the lanes and time the races with a stopwatch. They check the swimmers name against the swimmer on the sheet provided and write down the time that the swimmer achieved. Timers must pay attention the entire meet. They start the watch with the light on the starters stand, and stand up at the end of races to watch their lane's swimmer finish and stop their watch.

Age Group Parent/Clerk of Course: THIS IS AN IMPORTANT JOB!!! 2-3 Assistants are needed in each gender and age group for each meet. Age group parents are expected to help the Assistant Coaches keep their Age Group together, line the swimmers up for their events, take them to the start of their race and make sure they start their race in the correct lane and correct heat. These people will be provided with an attendance sheet at the beginning of each meet that has all of the swimmers names and the events that they are in that night. Many find it helpful to write the swimmers name on their cap, arm or back and the events that they are in on their arm in permanent marker. They are to check all of their swimmers in and report to the Coach if a swimmer is not in attendance.

Meet Set Up and Clean Up: 1-2 people for home meets only. Organize the deck for the swim meet, set chairs up in the correct position get bleachers set up, post age group signs, anything that is needed pre meet. They also help pick up trash, replace chairs and clean up after the meet.

Social Committee: We need 4-6 parents to form a committee who are willing to plan and organize the social activities for the swim team, and the end of season Banquet. We would like one pizza party, one donut morning and our end of season team Banquet. These people need to be willing to organize, delegate and works well together. This Committee will be responsible for the preparation for the event, running the event, and clean up from the event. These 4-6 people will be exempt from, but not excluded from, working the meets as they will be running all the social events.

And of course

Timer: We need several parents each meet to time.



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ATHLETE INFORMATION

Name of Swimmer: _____ DOB: _____ M or F

T-Shirt Size (Circle one): Youth Medium Youth Large Adult Small Adult Medium Adult Large

Contact E-mail (s): _____

Contact Phone Number: _____

If you would like to purchase a Parent Yellow Stingray T-Shirt, please fill out below. \$10 per shirt.

Quantity: _____ Size(s): _____

MEET ENTRIES

Meet entries will be completed each week based on these forms.

If your information changes, please let us know ASAP through email at ShelbyStingrays@gmail.com Meet Entries will be finalized at 5:00pm on Monday's before each dual meet. Entries cannot be changed after that point.

NAME OF SWIMMER: _____ Age as of June 1st _____

Please fill out an individual form for each swimmer.

Meet and Date	YES or NO Swimmer is attending	Athlete Assistance Position requested
6/7 v TBD		
6/14 v TBD		
6/21 v TBD		
6/28 v TBD		
7/5 v TBD		
7/12 Championships		

This page for
Swim Team office



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WAIVER OF LIABILITY AND TERMS OF PARTICIPATION:

- I. I understand that baseball, softball, football, basketball, soccer and other sports, camps, fitness and aquatic programs are dangerous and that I or my child could be killed or seriously injured while participating. Injuries that could occur include but are not limited to: paralysis, brain injury and broken bones. I understand that if my child is participating in a youth sports program that he/she will be coached by volunteer coaches who will not be full-time or professionally trained. Recognizing the inherent risks associated with participating in the above noted program and still desiring myself or my child to participate, I hereby agree to indemnify and hold harmless the Shelbyville/Shelby County Parks and Recreation Department, Shelby County Fiscal Court, City of Shelbyville, and the members, employees and all individuals responsible for the conduct of activities involving myself or my child(ren) for claims including, but not limited to claims of personal injury, hospitalization, etc. I also understand that the Parks & Recreation department strongly recommends that each participant have medical approval before participating in any sport, aquatic, or fitness related program, and that I must inform the Department of any medical condition that may require special attention or treatment.
- II. I warrant that my child(ren) or I are privately insured with a medical insurance policy. I understand the Shelbyville/Shelby County Parks and Recreation Department provides minimal insurance coverage, in certain programs only, that provides coverage once my present insurance is expanded. This coverage is on the participant during sport or activity participation only and does not provide coverage during transportation to and from the event.
- III. I understand that registration fees must accompany this application in order for it to be processed. (Please make checks payable to Shelby County Parks.) Any questions concerning fees, please contact the athletic department at 502-633-5059. I understand that the Department will not issue refunds after leagues have been drafted unless there is a medical reason that my child or I cannot participate. I understand that in non-competitive leagues or other programs, refunds must be requested in writing 5 business days prior to the program's start date. In the case of injury or illness where my child or I cannot participate, a doctor's statement must be received within 10 business days of seeking treatment stating why the individual cannot participate.
- IV. I understand and give permission for the Parks and Recreation Department or local media to photograph or record my child or me during participation in Parks and Recreation Department sponsored activities and to utilize them in advertising and/or promotion both in print and on the Department's website and social media.
- V. In the event of an emergency, I give my permission for a representative of the Recreation Department and/or ambulance service to provide treatment as is normal and prudent and to transport my child or myself to the nearest medical facility to render treatment.

I, the undersigned, understand and agree to the above listed conditions.

Authorized Adult's

Signature _____ Date _____

PAYMENT INFORMATION:

Include your voluntary donation to the Parks Fund: \$3 \$5 \$10

Amount Paid _____

Reference # _____

Date _____



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Front Desk Binder