



VASHON STINGRAYS SWIM TEAM REGISTRATION Sr. Team/Jr. Team/Stroke School



DATE _____ TUITION _____ USA FEE _____ VSST _____ MEETS _____

Parents	Phone	Emails	Addresses
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	()		
	()		

Swimmer (1)	Age		Birthdate
Swimmer (2)	Age		Birthdate
Swimmer (3)	Age		Birthdate

Season/Session	Season/Session
Non-Member	Member

Days	Tuition	Tuition
1	\$224	\$156
2	\$270	\$260
3	\$360	\$353
4	\$480	\$470

Pymt'	Date	Ck/c/cc	Emp	VSST Fee	USA Swim Fee
For Office Use Only				1 st swimmer \$68	Annual \$81
\$				2 nd swimmer \$34	Summer \$34
\$				Stroke School \$34	Flex \$34
\$				USA Swim Form	
\$				Lystedt	
\$				M.A.A.P.P.	

*4Meet Fee amount (opt) \$ _____ Date Pd _____

Swimmer	Team(Jr/Sr)	Days to swim	Time
		M T W TH	8:30 Jr-ss / 9:30 Sr
		M T W TH	8:30 Jr-ss / 9:30 Sr
		M T W TH	8:30 Jr-ss / 9:30 Sr

1. **Tuition Payments** Can be paid with Cash, Card or Check payable to VIGCC
2. **Booster Club Fee** Separate cash or check payable to VSST
3. **USA Swim Fee** Can be paid with Cash or Check payable to VIGCC
4. ***Swim Meet Fees** Cannot be paid with Card. Separate cash or check payable to VSST

ANNUAL USA SWIM FEE for sanctioned programs. This is an annual fee of \$81 (Opt1) or Flex Pass of \$20 (Opt2) collected each Fall or at the time of initial registry.

M.A.A.P.P. is the USA Swim required form for Minor Athlete Abuse Prevention Policy. Lystedt form is the universal concussion information. Both are required for all parents/guardians must sign and have on file with Vashon Stingrays Swim Team.

Volunteer Requirements: All parents and swimmers are expected to volunteer and participate fully in our Swim Marathon in the Spring and in a choice of bake sales within each year.

Signature of commitment: _____

Media Release: I give the Vashon Island Golf and Country Club and the Vashon Stingrays Swim Team permission to use images and/or video of my child(ren) and myself in its publications, website, and marketing. This information, images and /or

video will be released to news media to acknowledge a swimmer's achievements or receipt of an award or scholarship.

Signature of Permission: _____

VIGCC Swimming and Participation Waiver:

All exercises and use of all facilities shall be undertaken at your own risk. VIGCC, Sandpiper Café, and Stingrays Parent Advisory Board and its agents/coaches shall not be liable for any claims, demands, injuries, damages, actions or causes of action whatsoever to person or property arising out of acts of passive negligence on the part of the VIGCC, Sandpiper Café, its servants, agents, or employees.

Signature of Waiver/Release: _____

Date: _____

Summer Swim Team begins June 27th – September 1st. No swimming July 4th and 5th. Please complete the calendar of days attending for the summer session and return it with your registration sheet and payment.

STINGRAYS SWIM TEAM 2022 SUMMER SWIM DATES

Swimmers Name: _____

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY
JUNE	27	28	29	30
JULY	HOLIDAY	HOLIDAY	6	7
JULY	11	12	13	14
	18	19	20	21
	25	26	27	28
AUGUST	1	2	3	4
	8	9	10	11
	15	16	17	18
	22	23	24	25
AUG/SEPT	29	30	31	1

PLEASE CIRCLE ALL DATES YOUR SWIMMER WILL BE
ATTENDING.