



VASHON STINGRAYS SWIM TEAM REGISTRATION

Sr. Team/Jr. Team/Stroke School



DATE _____ TUITION _____ USA FEE _____ VSST _____ MEET\$ _____

Parents	Phone	Emails	Addresses
	()		
	()		

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

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

Swimmer	Team(Sr/Jr or Stroke School)	Days to swim	Time
		M T W TH	4 - 5 Sr / 5 - 6 Jr
		M T W TH	4 - 5 Sr / 5 - 6 Jr
		M T W TH	4 - 5 Sr / 5 - 6 Jr

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 - Bring to Coach
3. **USA Swim Fee** Will be sent link - must complete registration online
4. ***Swim Meet Fees** Cannot be paid with Card. Separate cash or check payable to VSST

ANNUAL USA SWIM FEE. This is an annual fee paid directly to USA Swim. Once VIGCC has received this registration form, you will be sent a link to complete the registration and payment to USA Swim.

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 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, its servants, agents, or employees.

Signature of Waiver/Release: _____ **Date:** _____