

Hello Swim Families!

We hope you will consider being part of the Penn Valley Swim Team this year. Corrie Jones will be returning again this season as our head coach!

An application for team membership is attached. Each family is expected to help at **ALL home swim meets (if you will be missing a home meet, an away meet job may be substituted but it is your responsibility to let us know you need to work an away meet)**. Each family must write a separate check for **\$30.00** to the PVAC Aquatic Club, the equivalent of **\$15.00** per home meet that you are required to work. This is a worker fee check. If you meet your obligation and work at all the swim meets, your check will be returned to you. If you do not complete this obligation to work 4 meets, your check will be cashed and the money will be deposited into the team account.

Concession Requirements- each family is required to provide a food item from a pre-determined list or be billed \$10.00 for each of the home meets. Food items will need to be signed in with the concession crew to verify the food donation. We will not accept items that were not on the list and were not signed up for. Food donations are essential to our home meets and for raising funds for our team to help pay for our banquet, pizza party and team gifts.

If you would like to register your child as a member of our team, please complete the ***Application and Waiver*** and provide the ***Registration Check AND \$30.00 Meet Worker Fee Check*** made payable to "Penn Valley Swim Team". Upon receipt of your application and fees, you will be added to the e-mail list for further updates prior to the beginning on the season. All swimmers need to be at least 6 years of age prior to June 1st or have permission from Coach Corrie Jones. All swimmers need to be able to swim 1 length of the pool freestyle. **Swim Team is not a substitute for lessons!**

We will be holding registration on **Thursday, May 12, 2022, at 6:00 p.m. at Penn Valley Athletic Club.** If you are unable to attend the registration, you can send the Application, Waiver, Registration Check and the Meet Worker Fee Check to Trisha Murray, 108 Dubarry Lane, Butler, PA 16002.

Swimmers should attend practice at least 3 times per week. Practice will begin on Monday June 6, 2022. New swimmers and swimmers 8 and under will practice from 9:00-10:00 a.m. Swimmers 9 and over will practice 10:00 a.m.-11:45 a.m. Coach Corrie can, at her sole discretion, modify the practice groups as she sees fit.

We will be communicating through e-mail, and the bulletin board inside the pool. We will have a parent meeting on Monday, June 6, 2022, at 9:15 a.m. If you are new to the Penn Valley Swim Team this year, please plan on attending.

We are hoping that this season is filled with a lot of fun and sunny weather! **Go PVAC!**

Thanks!

Trisha Murray
(724) 290-7063

Penny Birch
(724) 234-8416

2022

PENN VALLEY SWIM TEAM APPLICATION

PARENTS NAME: _____

ADDRESS: _____

HOME PHONE: _____

CELL PHONE: _____

E-MAIL: _____

SWIMMER INFORMATION (please complete all information)

Swimmer Last Name	Swimmer First Name	Date of Birth	Age as of 06/01/22

_____ Registration Fee (Penn Valley Members): \$70.00 each child; \$50.00 for each additional child

_____ Registration Fee (Non - Penn Valley Members): \$110.00 each child; \$90.00 for each additional child.

Worker Fee Check: \$30.00 (will not be cashed if you work 2 meets)

CHECKS MADE PAYABLE TO: Penn Valley Swim Team

Swim team is a parent dependent sport that cannot take place without your help! Parents must volunteer their time as well as food & drink donations assigned to them for the concession stand. At least one parent volunteer from each family is needed for meets.

(Starter & Place judges must have knowledge of swim meets; Only stroke & turn must be certified)

I know my swimmer will be unavailable the week of _____

I know I will not be able to work jobs the week of _____

Please include: Application, Waiver, Registration Fees check, and Worker Fees Checks

*****DO YOU HAVE A SENIOR SWIMMER THIS YEAR?*****

If yes, name of swimmer?

**PENN VALLEY SWIM TEAM
MEDICAL AND WAIVER RELEASE FOR THE 2022 SUMMER SWIM SEASON**

Swimmer Name: _____ Birthday: ____/____/____ Age: _____

Address: _____ City: _____ Zip: _____

Mother's Name: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Father's Name: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Emergency Contact #1: _____ Phone: _____ Relationship: _____

Emergency Contact #2: _____ Phone: _____ Relationship: _____

Existing Medical Coverage: _____ Plan #: _____

Known Allergies: _____

Current Medications: _____

I HEREBY VOLUNTARILY PERMIT MY CHILD TO PARTICIPATE ON THE PENN VALLEY SWIM TEAM. I UNDERSTAND AND FULLY ACCEPT THAT THERE ARE RISKS INVOLVED IN SPORTS, AND THAT ACCIDENTS AND INJURIES CAN AND MAY OCCUR. I HEREBY AGREE TO ACCEPT ANY AND ALL RISKS OF INJURY OR DEATH, AND VERIFY THIS STATEMENT BY PLACING MY INITIALS HERE. _____ (*initial here*)

I hereby release and hold harmless the Penn Valley Athletic Club, staff, volunteers, designated coaches, and program officials from all liability, and from all action or claims that I or my child now or hereafter have for damage or injury to me or my child, or to any person or property, resulting from the negligence or other acts of any employees or volunteers in connection with me or my child's participation. I further agree that this waiver, release and assumption of risks is to be binding on the heirs and assigns of the undersigned. I further agree to indemnify and to hold Penn Valley Athletic Club and Swim Team (its officers, employees, board members and volunteers) free and harmless from any loss, liability, damage, cost or expense which they may incur as a result of any injury and/or property damage that I or my child may cause or sustain while participating on the swim team. In case of a medical emergency, I hereby give permission to PVAC Staff, PVAC Swim Team Coaches and Volunteers to order treatment for me or my child, including any necessary medical treatment and x-rays. I also hereby give permission to PVAC Staff and Volunteers to disclose the information contained on this form to medical personnel. I understand that an attempt will be made to reach me by phone if an accident occurs. I agree to pay all medical, hospital, or other expenses which my child or I may incur as a result of such treatment.

I HAVE CAREFULLY READ THIS RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN ME AND PENN VALLEY ATHLETIC CLUB AND SIGN IT OF MY OWN FREE WILL.

Parent or Guardian Signature: _____

Date: _____