

# SIGNATURE OF SOLON COUNTRY CLUB

## 2017 SIGNATURE SHARKS SWIM TEAM

The Signature of Solon Country Club Swim Team provides an opportunity for children of all ages and abilities to participate in a fun and competitive program. The coaching staff will provide a positive and supportive atmosphere as each swimmer develops proper stroke technique and endurance. Individuals should be able to swim one length of the pool and attend a minimum of two practices per week.

**Practices will begin the week of June 5th.**

### **SHARKS PRACTICE SCHEDULE**

Monday: 5:00 pm to 6:30 pm

Tuesday: 9:00 am to 10:30 am

Wednesday: 6:30 pm to 8:00 pm

Thursday: 9:00 am to 10:30 am

Friday: 9:00 am to 10:30 am

### **SHARKS TEAM FEES**

\$150 per swimmer

\$100 for each additional swimmer from the same household family

Team fee includes instruction, t-shirt, & swim cap

### **SHARKS TEAM SWIMSUITS**

Female Suit: \$55

Male Suit (Jammer): \$35

Male Suit (Brief): \$25

### **COACHES**

Cole Kampman

Johnathan Margheret

### **POOL MANAGER**

Curtis Stokes

[cstokes@signatureofsoloncc.com](mailto:cstokes@signatureofsoloncc.com)

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## 2017 SIGNATURE SHARKS SWIM TEAM

### **SHARKS SWIM MEET SCHEDULE**

June 15th (HOME) vs Lake Lucern

July 5th (AWAY) @ Eaton Estates

July 11th (AWAY) @ Hemlock Hills

July 13th (HOME) vs Berkshire Hills

July 18th (AWAY) @ Barrington

July 20th (AWAY) @ Walden

*(TRI-MEET vs Walden & Lake Lucern)*

*July 25th (HOME) vs Orange*

*TBD: Chagrin Relays @ CVRC*

Warm-ups are usually from 5:30 pm to 6:00 pm

Meets start at 6:30 pm

Directions will be provided for all away meets

### **COMMUNICATION**

Communication will be key to having a successful program and an enjoyable experience for everyone. All updates will be sent through e-mails so please make sure that there is an accurate e-mail address on file for each family. We know summer is a very busy time for everyone so please let the coaches know of a swimmer's meet & practice availability as soon as possible.

# SIGNATURE OF SOLON COUNTRY CLUB

## 2017 SIGNATURE SHARKS REGISTRATION

**FAMILY NAME:** \_\_\_\_\_

**MEMBER NUMBER:** \_\_\_\_\_

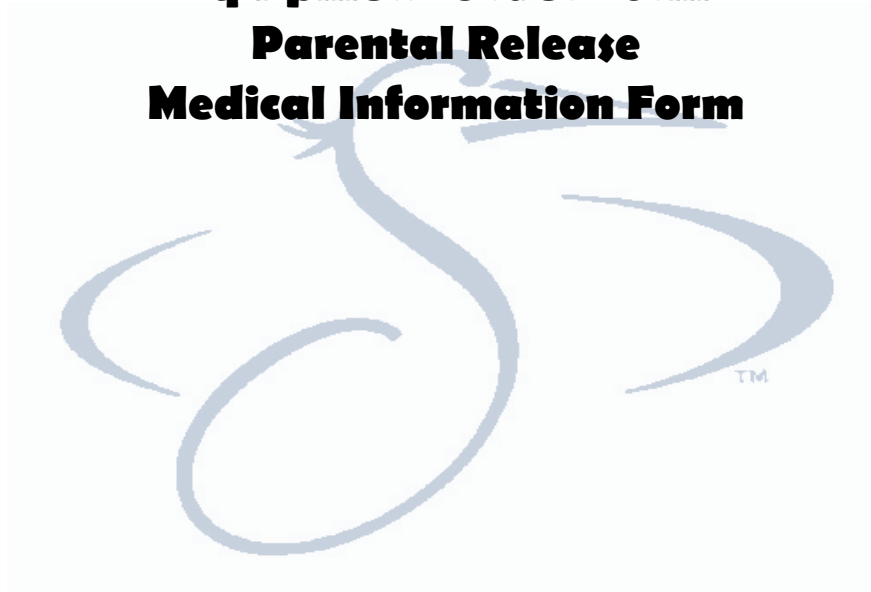
To complete your registration please fill out and sign the following paperwork (1 packet per family). Please return completed forms to the pool staff.

**Signature Registration Form**

**Equipment Order Form**

**Parental Release**

**Medical Information Form**



# SIGNATURE OF SOLON COUNTRY CLUB

## 2017 SIGNATURE SHARKS REGISTRATION

**Parent's Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City/Zip:** \_\_\_\_\_

**Mobile Number:** \_\_\_\_\_

**Primary E-mail:** \_\_\_\_\_

**\*Communication will be done primarily via e-mail\***

Swimmer's Names (Last, First)	Gender	Date of Birth	Age as of 6/1/17	Swim Fee	Total

### **SHARKS TEAM FEES**

\$150 per swimmer

\$100 for each additional swimmer from the same household family

Team fee includes instruction, t-shirt, & swim cap

*\*All swim team fees will be charged to your Member Account\**

*\*Swimmers withdrawing prior to June 16th will receive 50% refund\**

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## SIGNATURE SHARKS EQUIPMENT ORDER FORM

**Last Name:** \_\_\_\_\_

### Team Shirt:

Please list shirt quantity in size appropriate box

One shirt included in swimmer participation fee.

All additional shirts \$12.00

Youth Small _____	Youth Medium _____	Youth Large _____	Adult Small _____
Adult Medium _____	Adult Large _____	Adult XL _____	Adult XXL _____

### Team Suit:

Please list suit quantity in size appropriate box

Boys suits comes in two styles

Consult coaching staff for fitting suggestion and additional suit fees.

Girls	22 _____	24 _____	26 _____	28 _____	30 _____	32 _____
Boys Jammer	22 _____	24 _____	26 _____	28 _____	30 _____	32 _____
Boys Brief	22 _____	24 _____	26 _____	28 _____	30 _____	32 _____

### Team Cap:

One cap included in swimmer participation fee

All additional caps \$5.00

Number of additional caps ordered: \_\_\_\_\_

# SIGNATURE OF SOLON COUNTRY CLUB

## SIGNATURE SHARKS SWIM TEAM PARENTAL RELEASE

*Initials* I agree to have my name, phone number, and email distributed via e-mail to the families of participating swimmers.

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*Initials* I agree to provide a volunteer from my family for two home meets. Sign-up schedule will be distributed via e-mail.

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*Initials* Photographs and videos may be taken of the children engaging in the Signature of Solon Sharks Swim Team. I agree and consent to photos and/or videos of my child to be used for team endorsement purposes including but not limited to posters, website, and banquet material.

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**I have read and agree to the policies listed above.**

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# SIGNATURE OF SOLON COUNTRY CLUB

## SIGNATURE SHARKS SWIM TEAM MEDICAL RELEASE

Parents' Name(s): \_\_\_\_\_

Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City/Zip: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Health Insurance: \_\_\_\_\_ Group #: \_\_\_\_\_

Child

Age

Existing Medical Conditions

(Allergies, Medication, Etc.)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

If you are unable to contact the doctor, please accept this letter as your authority to use the Doctor on call in the Emergency Room for any necessary emergency medical treatment.

I, \_\_\_\_\_, the parent or legal guardian of the above listed child/children, give my permission and approval for participation of above named child/children, in any and all activities sponsored by the Signature of Solon Swim Team and I assume all risk and hazard incident to such participation, including transportation to and from activities. I waive, release, indemnify and agree to hold harmless the Signature of Solon Swim Team, Coaches, participants and parents from any claim arising out of injury to my child/children while participation in any and all activities, including, but not limited to transportation to and from all practice swim sessions and competitive swim meets, sponsored by the Signature of Solon Swim Team.

I know of no impairment or deficiency, physical health or otherwise, that would limit or prohibit my child/children from participating in practice swim sessions and competing with other children. I agree to advise and make known to the team and coaches of any change in the physical health or any other condition that would limit or prohibit my child/children from participating in practice swim sessions and competitive swim meets.

Parents Signature: \_\_\_\_\_ Date: \_\_\_\_\_