Devon Crest Swim Team – Summer 2024 Registration Form

| Parent/Guardian Name(s): | | | | | | | | |
|---|---|---|---|---|---|---|--|--|
| Mailing Address: | | | | | | | | |
| Parent 1 Name: | Relationship | | | | Email | | | |
| Parent 1 Phone: (home) | (work) | | | (cell) | | | | |
| Parent 2 Name: | Relationship | | | | Email | | | |
| Parent 2 Phone: (home) | (work) | | | (cell) | | | | |
| Emergency Contact: | Relationship: | | | | | | | |
| Emergency Phone(home) | (| work) | | _(cell) | | | | |
| I, the parent or guardian of the swimmer(s), hereby gives my permission for my swimmer(s) to participate in the Devon Crest Swim Team and in the Mid-Penn Summer League (MPSL) during the 2024 summer season. I certify that the child(ren) is in good health and physically able to participate. I absolve, indemnify and hold harmless the Devon Crest Swim Team, the Devon Manor Swim Club, the coaches and the MPSL. I realize I may be required to use my personal insurance coverage, or be otherwise responsible for any expenses resulting from an injury. I will furnish, if requested, a certified birth certificate(s) for my child(ren). Signature of Parent Date | | | | | | | | |
| Swimmer (Last/First Name) | Gender | DOB | Age as of | Returning | New | Winter | | |
| (====================================== | M/F | | 6/1/2024** | Swimmer | Swimmer | Swimmer Y/N Team Name | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| ** swimmers must be age 5 by 8/1/24 REQUIRED SKILL LEVEL TO JOIN TEA | λM | | | | | | | |
| Devon Crest Swim Team is not a leathe pool (25 m) and have a legal free able to swim 2 lengths of the pool (50 swimmers to our team with no door a new swimmer assessment to demo Swimmers must be age 5 by 8/1/24 to | estyle and or 0 m) and hav cumented so onstrate thes | ne other s ve a legal vim time se require | stroke (back, bre I freestyle and o es from a compe ed skills. Asses | east or fly). All s ne other stroke etitive swim tean | wimmers 9 a (back, breast n will be requi | and over must be t or fly). New ired to participate in | | |
| New swimmers to DCST: Please che | eck one | | | | | | | |
| My swimmer has pre I understand I may n My swimmer has not join the team. We will contact you | eed to provi previous co | de a time mpetitive | report if one is swim team exp | requested. | es meet the re | _ | | |
| 2024 Swim Team Costs: Are yo | u a 2023 M | 1ember o | of Devon Mand | or Swim Club? | yes | no | | |

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| | Devon Manor Members | Non Pool Members** |
|---|---------------------|--------------------|
| One Swimmer | \$140 | \$200 |
| Two Swimmers (fee includes \$20 discount) | \$260 | \$380 |
| Three Swimmers (fee includes \$40 discount) | \$380 | \$560 |
| Four Swimmers (fee includes \$60 discount) | \$500 | \$740 |
| Five Swimmers (fee includes \$80 discount) | \$700 | \$920 |

^{**}Fees for non pool members are \$60 per swimmer.

New this season:

MPSL is imposing a \$10 fee per swimmer. This fee has been incorporated into our registration fees.

We are accepting optional donations to DCST to offset rising team costs. \$______*Both can be submitted in Registration Check, please note these on your check.

| Team Suits | 2 Personalized Team Swim Caps* | Single Team Cap (no personalization)* |
|------------|-----------------------------------|--|
| | | |

http://www.swimoutlet.com/devoncrest \$24.00 \$10.00 *please note that caps have a limited life and will eventually begin to slip when worn during competition or tear.

Important Info:

Meet attendance – Every swim team member is expected to participate in a minimum of 2 dual meets each season. Failure to adhere to this requirement will result in your swimmer's eligibility to register in the following season's returning member registration period. All registrations must be paid in full by 5/28.

Withdraw policy – All registrations must be paid in full be the first day of practice (5/28). Swimmers may withdraw until Time Trials (6/8) with a partial refund; \$50 will be retained as a processing fee. Any withdrawals after Time Trials (6/8) will result in forfeiture of the swimmer's full registration fee.

How to pay:

1. **CHECK** (preferred method of payment for tracking purposes)

Check here if you would like a receipt for your donation

Make your check payable to DCST, mail check and completed forms to:

Amy Colon 319 Lincoln Avenue Harrisburg, PA 17111

2. VENMO

Venmo: @DevonCrestSwim

You MUST leave a comment with your swimmer's name

IF utilizing VENMO, completed forms are still required to be submitted.

Please note that checks may be held until June 12 and then deposited.

In order to complete the on-line registration you will need access to a computer, the internet and a printer. If you don't have access to this equipment please attend either of the in person registrations listed above. If you encounter any problems during your on-line registration session contact amycolon@devoncrestswimteam.com for assistance.

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^{**}Proof of Pool Membership must be provided by 6/8. Anyone not providing proof of membership or payment of non member fee will not be permitted to swim in the first meet of the season on 6/15.