

ORCA SUMMER SWIM TEAM 2006

INFORMATION

PRE-REGISTRATION:	Civic Center Front Desk May 8, 2006
REGISTRATION:	Municipal Swimming Pool May 30, 2006 at 11:00
WHO:	ORCA Summer Swim Team
WHAT:	Oak Ridge City Aquatic Summer League Swim Team
WHEN:	Practice is at the Outdoor Pool Monday thru Friday 11:30 a.m. to 1 p.m. starting May 30 th and ends July 20 th . See the attached meet schedule for the 2006.
WHERE:	Municipal Swimming Pool 25-meter Course
FEES:	\$100.00/swimmer-This fee includes dual meets and practices and must be paid before your child may participate.
NONRESIDENT FEE:	\$10 per swimmer
PURPOSE:	The purpose of ORCA is to provide an opportunity for fun, low-pressure competition to area swimmers - novice to veterans.
CONTACT:	Recreation Department, 425-3450

*ORCA is sponsored by:
City of Oak Ridge Recreation and Parks Department*

ORCA SUMMER SWIM TEAM MEETS

SUMMER 2006

NAME: _____

BIRTH DATE: _____

DATE	EVENT/PLACE	DAY/TIME	W.T.I.L. ATTEND	PARENT VOLUNTEER
6/13/2006	ORCA vs. Peninsula Club Warm-ups @ 6:00 p.m.	Tues/Home 6:30 p.m.		
6/20/2006	ORCA vs. Morristown Warm-ups @ 6:00 p.m.	Tues/Away 6:30 p.m.		
6/24/2006	ORCA vs. Kingston Warm-ups @ 8:30 a.m.	Sat/Home 9:00 a.m.		
6/30/2006	ORCA vs. Beaverbrook Warm-ups @ 6:00 p.m.	Fri/Home 6:30 p.m.		
7/11/2006	ORCA vs. Clinton/Tellico Village Warm-ups @ 6:00 p.m.	Tues/Home 6:30 p.m.		
7/15-16/2006 Entry Due: 7/05/2006	SMOKY MOUNTAIN INVITATIONAL (Maryville) Swimmers who have not swum in USS meets since August 1, 2005	Saturday & Sunday		
July 21,22, & 23 Entry Due: 7/12/2006	GKAISA ** CHAMPIONSHIPS AT UT Warm-up times TBA UT Student Aquatic Center	11 & up Friday		
		10 & under Saturday		
		Finals Sunday All Ages		
** - MUST SWIM IN 2 DUAL MEETS TO BE ELIGIBLE				

ADDITIONAL INFORMATION

1. We ask for parents to work in at least 2 dual meets. Please check the meets that you can work.
2. In order for a swimmer to be eligible to swim in the GKAISA Championship, he/she must participate in at least 2 dual meets.
3. Home meets will be held at the Civic Center Pool. Directions to away meets will be provided.
4. **Entry fees for Smoky Mountain meet & GKAISA must be paid by swimmer.**

QUESTIONS ? - Call Jane Gibson at 425-3450

Daytime Phone #

Parent/Guardian's Name

Evening Phone #

****KEEP THIS COPY****

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****TURN THIS COPY IN WITH REGISTRATION AND FEES****

Greater Knoxville Area Interclub Swimming Association
Oak Ridge Interclub Swim Team
 2006 Swim Season Registration

Swimmer's Name	Birthdate	Sex	Any Special Health Problems of Medication
		<input type="checkbox"/> F <input type="checkbox"/> M	
		<input type="checkbox"/> F <input type="checkbox"/> M	
		<input type="checkbox"/> F <input type="checkbox"/> M	
		<input type="checkbox"/> F <input type="checkbox"/> M	
		<input type="checkbox"/> F <input type="checkbox"/> M	

Name of Parent or Legal Guardian: _____

Address: _____

City: _____ Zip: _____

Home Phone Number: _____

Emergency Phone Number: _____

<p><u>GKAISA PARTICIPATION RELEASE</u></p> <p>I, the parent/guardian of the registrant(s) listed above, a minor(s), agree that the registrants(s) and I will abide by the rules of GKAISA, the Oak Ridge Interclub Swim Team, its affiliated organizations and sponsors. Recognizing the possibility of physical injury that could occur during a swim meet or practice session and travel due to vehicle accident or other unforeseen accidents, I hereby release, discharge and/or otherwise indemnify the GKAISA, the Oak Ridge Interclub Swim Team, its affiliated organizations, sponsors, and associated personnel, including owners of pools and facilities utilized by the swim program against any claim by or on behalf of the registrant or their family as a result of the registrant's participation in the swim program and/or being transported to or from the same, which transportation I hereby authorize by the signing of this release.</p> <p>Signature: _____ Date: _____ (Parent/Legal Guardian)</p>	<p><u>CONSENT FOR EMERGENCY MEDICAL CARE</u></p> <p>I, the parent/guardian of the registrant(s), a minor(s), give my permission to any adult officially representing GKAISA or the Oak Ridge Interclub Swim Team to obtain emergency medical treatment for the registrant(s) in the event of an accident resulting in personal injury requiring such treatment.</p> <p>Signature: _____ Date: _____ (Parent/Legal Guardian)</p> <p>Insurance Carrier: _____</p> <p>Policy Number: _____</p> <p>Other Information: _____</p>
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