**Welcome to the 2016 MHC Summer Swim Season!**

Mansion House Club, home of the Piranhas, will be competing in Division 7 of the Northern Virginia Swim League (NVSL). Our season opens on Monday May 30th at 3pm with our “Meet the Coaches” gathering. Sport Fair will be there from 3 to 5 pm for all of your swimming needs.

**Afternoon practices begin on Tuesday, May 31st**

Ages 13 & up: 4-5pm

9 – 12 year olds: 5-6pm

8 & Unders: 5:45 – 6:30pm

Little Piranhas begin on June 13th: 6:30 - 7:15pm

**Morning practices begin on Friday, June 24th**

Ages 13 & up: 7:30 – 9am

9 – 12 year olds: 8:45 – 10am

8 & Unders: 9:45 – 10:45am

Little Piranhas begin on June 13th: 10:45 – 11:30am

 \*\*\*Team breakfasts on Tuesday mornings.\*\*\*

**2016 SWIM TEAM MEET CALENDAR**

|  |  |  |  |
| --- | --- | --- | --- |
| **DATE** | **TIME** | **EVENT** | **LOCATION** |
| June 18th | 8am | Time Trials | MHC |
| June 20th | 5pm | B Meet | MHC |
| June 25th | 8am | A Meet | Dominion Hills |
| June 27th | 5pm | B Meet | Hollin Meadows |
| June 29th | 5pm | Ft. Hunt Relays | Stratford Landing |
| July 2nd | 8am | A Meet | Arlington Forest |
| July 4th | 8am | B Meet | Hayfield |
| July 9th | 8am | A Meet | MHC |
| July 11th | 5pm | B Meet | MHC |
| July 13th | 5pm | Divisional Relays | Dominion Hills |
| July 16th | 8am | A Meet | Mosby Woods |
| July 18th | 5pm | B Meet | Waynewood |
| July 20th | 5pm | All Star Relays | Greenbriar |
| July 21st | 5pm | Invitational Relays | Lincolnia Park |
| July 23rd | 8am | A Meet | MHC |
| July 25th | 5pm | IM Invitational | Mt. Vernon Park |
| July 30th | 8am | Divisionals | Arlington Forest |
| August 6th | 8am | All Stars | Little Rocky Run |

**2016 PIRANHA & LITTLE PIRANHA REGISTRATION FORM**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **LAST****NAME** | **FIRST NAME** | **AGE on****6/1/16** | **BIRTH DATE** | **T-SHIRT****SIZE** | **GENDER** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**T-Shirt Size: Youth (S,M,L) Adult (S,M,L,XL)**

**REGISTRATION FEES**

|  |  |
| --- | --- |
| **NUMBER OF SWIMMERS** | **FEE (includes t-shirt)** |
| 1 | $150 |
| 2 | $225 |
| 3 | $275 |
| 4 | $300 |
| 5 | $325 |
| 6 | $350 |
| Total Swimmer Fee |  |
| Swim Banquet & Breakfast Fee | ADD $25 per family |
| **SWIM TEAM TOTAL FEES** | **$** |
| Extra T-Shirt ($12) |  |
| Plain MHC Silicon Cap ($12) |  |
| Total Add-ons |  |
| **GRAND TOTAL PAYABLE TO MHC** | **$** |

|  |
| --- |
| **FOR CLUB USE:** Amount Received:Cash/Check**\_\_\_\_\_\_\_\_\_**Check #**\_\_\_\_\_\_\_\_\_\_\_\_**Date**\_\_\_\_\_\_\_\_\_\_\_\_**Initials**\_\_\_\_\_\_\_\_\_** |

**FAMILY INFORMATION**

LAST NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MOTHER/GUARDIAN:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HOME PHONE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WORK PHONE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CELL PHONE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_EMAIL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FATHER/GUARDIAN:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CELL PHONE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_EMAIL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMERGENCYCONTACT:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HOME PHONE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CELL PHONE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENT/GUARDIAN SIGNATURE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please circle any dates your swimmer(s) cannot attend a meet**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| June 18 | June 20 | June 25 | June 27 | June 29 | July 2 |
| July 4 | July 9 | July 11 | July 13 | July 16 | July 18 |
| July 20 | July 21 | July 23 | July 25 | July 30 | August 6 |

**VOLUNTEER POSTIONS AND SIGN-UP**

**We Need Your Help for Every Meet!!!**

|  |
| --- |
| **Please Circle at Least Three Positions** |
| **Meet Set Up/Meet Take Down** | **Saturday Away Meet Lunches** |
| **Spirit Wear** | **Age Group Outings** |
| **Timer** | **Awards Banquet** |
| **Clerk of Course** | **Referee** |
| **Runner** | **Starter** |
| **Marshall** | **Head Timer** |
| **Concessions** | **Social/Pep Rallies** |
| **Team Breakfasts** | **Table Worker** |
| **Picture Day** | **Announcer** |

This year each family will be scheduled for a volunteer assignment a **minimum of two B meets.**

A volunteer calendar will be posted on the web site and a hard copy will be posted on the Swim bulletin board near the entrance of the pool.  **It will be the responsibility of parents to make schedule changes/swaps before their scheduled shifts.**  All changes must be reported to the volunteer coordinator in advance.  All schedules will be posted prior to the first B meet.

**Waiver Statement**

Swimmer(s) name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

As a parent or legal guardian, I hereby grant permission for the above named child(ren) to participate in the Mansion House Club Summer Swim Team Program. I fully understand that, as in any sport, accident or injury is possible. The above named child(ren) is/are physically fit to swim and have no medical condition or impairment that would make their participation hazardous.

I release the Mansion House Club, its directors and officials, and the MHC swim team representatives and coaches of any liability due to any activites deemed by MHC as necessary or incidental to the conduct of this swim program. In the event of an accident or injur, I grant permission to the MHC Swim Team to transport my child(ren) to the nearest doctor/hospital for the purpose of diagnosis and, if necessary, administration of emergency medical care.

Parent/Guardian signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMERGENCY CONTACT #1\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email Address:\_\_\_\_\_\_\_\_\_\_­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMERGENCY CONTACT #2\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email Adress:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician’s Name & Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance Company/Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Mansion House Club, Inc.

Parental/Guardian Photo/Image Use Consent Form

Child(ren)

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This form governs the permission for Mansion House Club, Inc., to publish or display your child’s photo/image and name, without compensation, on the Mansion House Club website, in the Mansion House Club newsletter, and/or in the Mansion House Club pool house.

Mansion House Club will not release or display any photos/images of your child(ren) without prior written consent from you as parent or guardian.

If you, as the parent or guardian, wish to rescind this agreement, you may do so at any time in writing by sending a letter to Mansion House Club, Inc., requestiong that it ceases to use your child’s photo/image or name.

**Check one of the following choices:**

**\_\_\_\_\_**I grant permission for photos/iimages of my child(ren) to be published or displayed, without compensation, by Mansion House Club, Inc., on its website, in its newsletter, or in the Mansion House Club pool house.

**\_\_\_\_\_**I **DO NOT** grant permission for phots/images of my child(ren) to be published or displayed by Mansion House Club, Inc., on its website, in its newsletter, or in the Mansion House Club pool house.

Print Name of Parent/Guardian: (print)

Signature of Parent/Guardian: (sign)

­­­­­­­­­­­­Relation to Child(ren)

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