



2021 Summer Swim Team Registration Form

11621 Robious Road, Midlothian, VA 23113

804.378.1600 | acac.com

acac Summer Swim Team Registration Form must be filled out completely.

Children ages 5-8 must complete a swim evaluation if not previously on acac Swim Team.

Swimmer's Information

1. Swimmer's Full Name		DOB: / /	M <input type="checkbox"/> F <input type="checkbox"/>
Address		T-shirt size _____	
Allergies, medications, other concerns		Swims year-round? Y <input type="checkbox"/> N <input type="checkbox"/>	
Has your child participated on acac swim team? Y <input type="checkbox"/> N <input type="checkbox"/>		Did your child swim for any RMAL team last year? Y <input type="checkbox"/> N <input type="checkbox"/>	
2. Swimmer's Full Name		DOB: / /	M <input type="checkbox"/> F <input type="checkbox"/>
Address		T-shirt size _____	
Allergies, medications, other concerns		Swims year-round? Y <input type="checkbox"/> N <input type="checkbox"/>	
Has your child participated on acac swim team? Y <input type="checkbox"/> N <input type="checkbox"/>		Did your child swim for any RMAL team last year? Y <input type="checkbox"/> N <input type="checkbox"/>	
3. Swimmer's Full Name		DOB: / /	M <input type="checkbox"/> F <input type="checkbox"/>
Address		T-shirt size _____	
Allergies, medications, other concerns		Swims year-round? Y <input type="checkbox"/> N <input type="checkbox"/>	
Has your child participated on acac swim team? Y <input type="checkbox"/> N <input type="checkbox"/>		Did your child swim for any RMAL team last year? Y <input type="checkbox"/> N <input type="checkbox"/>	
4. Swimmer's Full Name		DOB: / /	M <input type="checkbox"/> F <input type="checkbox"/>
Address		T-shirt size _____	
Allergies, medications, other concerns		Swims year-round? Y <input type="checkbox"/> N <input type="checkbox"/>	
Has your child participated on acac swim team? Y <input type="checkbox"/> N <input type="checkbox"/>		Did your child swim for any RMAL team last year? Y <input type="checkbox"/> N <input type="checkbox"/>	

Family Information

Check here if you are a new **acac** swim team family

Parent/Guardian Name

Address

Phone: C: W: Please add me to your email list for team & weather information & updates

Email:

What is the best way to contact you: home cell work email

Parent/Guardian Name

Address

Phone: C: W: Please add me to your email list for team & weather information & updates

Email:

What is the best way to contact you: home cell work email

Emergency Contact Authorized to Pick Up Swimmer (required)

Name

Address

Phone: C: W:

2021 Pricing

1 Swim Team Member	\$130	4 Swim Team Members	\$390
2 Swim Team Members.....	\$220	Senior Swim Team Member	\$40
3 Swim Team Members.....	\$310	<i>Senior members are 15 & up</i>	

Method of Payment

Charge to **acac** account

Name on **acac** account: _____

Check Number: _____

Visa Mastercard Discover AMEX

Card Number: _____

Expiration Date: _____

After June 21 there will be no refunds given for any reason. Until that date partial refunds may be given if request is submitted to the Aquatics Director.

Swim Team Communication

We ask all parents to register for our Swim Team Email. We will use this as our primary means of communication about practices, meets and other swim team happenings. To register, go to **acac.com/midlothian/newsletter**, fill out the form and select Swim Team. Additionally, we encourage everyone to follow us on Twitter **@acacRM**. We will use Twitter to quickly communicate with the team during practices and meets for items such as rain delays and cancellations.

Parent/Guardian Consent and Agreement

As the parent or legal guardian of _____, members of **acac**, I acknowledge that my child or children will participate in practices, swim meets, and other swim team events. I agree to volunteer my required hours for swim meets. I give permission for **acac** of Virginia, Inc. to photograph/video my child.

If my child or children require medical attention, I hereby give **acac**, its coaching staff or designees, permission to authorize medical treatment including but not limited to emergency room treatment. I hereby release **acac**, its coaching staff or designee from all claims that may arise out of the exercise of this authority.

I HAVE READ, I UNDERSTAND, AND AGREE TO THE ABOVE PERMISSION STATEMENTS.

Parent/Guardian Signature _____ Date / /