



2025 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. They will be asked to swim a 25 yard Freestyle without stopping.

Swimmer's Information

| | | |
|--|---|---|
| 1. Swimmer's Full Name | DOB: / / | M <input type="checkbox"/> F <input type="checkbox"/> |
| 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"/> |
| 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"/> |
| 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"/> |
| 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

| | | |
|---|----|----|
| <input type="checkbox"/> Check here if you are a new acac swim team family | | |
| Parent/Guardian Name | | |
| Address | | |
| Phone | C: | W: |
| Email | | |
| What is the best way to contact you: home <input type="checkbox"/> cell <input type="checkbox"/> work <input type="checkbox"/> email <input type="checkbox"/> | | |
| Parent/Guardian Name | | |
| Address | | |
| Phone | C: | W: |
| Email | | |
| What is the best way to contact you: home <input type="checkbox"/> cell <input type="checkbox"/> work <input type="checkbox"/> email <input type="checkbox"/> | | |

Emergency Contact Authorized to Pick Up Swimmer (required)

| | | |
|---------|----|----|
| Name | | |
| Address | | |
| Phone | C: | W: |

Swim Team Shirt Please mark number of shirts needed by each size (should be one per swimmer)

| | | | |
|--------------|---------------|--------------|----------------|
| Youth Small: | Youth Medium: | Youth Large: | Youth X-Large: |
| Adult Small: | Adult Medium: | Adult Large: | Adult X-Large: |

2024-25 Pricing

| | | | |
|---------------------------|---------------|---------------------------------------|---------------|
| 1 Swim Team Member | \$175 \$190 | 4 Swim Team Members | \$475 \$500 |
| 2 Swim Team Members | \$320 \$335 | Senior Swim Team Member | \$45 |
| 3 Swim Team Members | \$450 \$480 | <i>Senior members are 15 & up</i> | |

Receive 2024 pricing when you register by April 1, 2025.

Method of Payment

☐ Charge to **acac** account

Name on **acac** account: _____

☐ Check Number: _____

☐ Visa ☐ Mastercard ☐ Discover ☐ AMEX

Card Number: _____

Expiration Date: _____

After June 13 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. You will also be added to CallingPost, a text service that will alert you of schedule changes based on weather and other need to know information.

Swim Meet Schedule

all meets begin at 6:00pm

| | | |
|------------------|-------------------------------------|--|
| Tuesday, June 3 | <input type="checkbox"/> Can Attend | <input type="checkbox"/> Cannot Attend |
| Tuesday, June 10 | <input type="checkbox"/> Can Attend | <input type="checkbox"/> Cannot Attend |
| Tuesday, June 17 | <input type="checkbox"/> Can Attend | <input type="checkbox"/> Cannot Attend |
| Tuesday, June 24 | <input type="checkbox"/> Can Attend | <input type="checkbox"/> Cannot Attend |
| Tuesday, July 1 | <input type="checkbox"/> Can Attend | <input type="checkbox"/> Cannot Attend |
| Monday, July 7 | <input type="checkbox"/> Can Attend | <input type="checkbox"/> Cannot Attend |

Champs* | Tuesday, July 15
at SwimRVA, Times TBD
**qualifiers only*

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 / /