

WAYNEWOOD DOLPHINS 2010

Time for SWIM SEASON!
Join the Waynewood Dolphins

Please come to the Waynewood Pool for **SUPER SUNDAY**, on May 2, with the attached registration form filled out. If you cannot make it to **SUPER SUNDAY**, please drop off the completed form to Laura Wainwright @ 8501 Crown Place.

If your e-mail has changed since last year, if you are joining the swim team for the first time, or if you have any other questions or concerns, please send an e-mail to TeamReps@wwdolphins.org.

Your Team Representatives this season are Elda Dona, Laura Wainright, and Kirk Jenne. They would be happy to assist you.

Registration Instructions

1. Your family must have a WRA membership to join the swim team.
2. Please fill out the registration form completely.
3. It takes up to 35 adults to run a swim meet. Every swim team family is asked to volunteer at a minimum of four meets during the season.

There are five different categories of volunteer positions this year. They include:

Concessions	* Officials – Must attend clinics
Timers	Table Workers
Setup/ Takedown	

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Schedule of Events

5/2	Super Sunday at WW Park 1pm-3pm
6/1	Afternoon Practice Starts
6/5	NVSL University Clinic (for most officials)
6/18	Team Pre-season pasta dinner
6/19	Time Trials 9am
6/21	B Meet WW At Mt Vernon Park
6/23 TBD	First Day of Morning Practice
6/26	A Meet Hunt Valley @ WW
6/28	B Meet WW @ Hayfield
6/30	Team Picture Day @ WW 9am
6/30	Fort Hunt Sportsmanship Relays @
7/3	A Meet WW @ Sideburn Run
7/5	B Meet Riverside Gardens @ WW
7/10	A Meet Orange Hunt @ WW
7/12	B Meet Highland Park @ WW
7/14	Divisional Relay Carnival @ Orange Hunt
7/17	A Meet Pinecrest @ WW
7/19	B Meet Mansion House @ WW
7/21	All Star Relay Carnival @ Hayfield Farm
7/24	A Meet WW @ Fox Hunt
7/26	IM Invitational @ TBD
7/28	Mini Meet @ WW 9am
7/29	WW Invitational @ WW
7/31	Division 6 Individual Championships @ Hunt Valley
7/31	Team Banquet 6pm?
8/7	All Stars @ Broyhill Crest

B Meets begin @ 6:00pm

- Home Meets – Swimmers are to arrive at WW Pool at 4:45pm ready to warm up from 5:00pm – 5:30pm
- Away Meets – Swimmers are to arrive at the Away pool at 5:15pm ready to warm up from 5:30pm – 6:00pm

A Meets begin at 9:00am

- Home Meets – Swimmers are to arrive at WW Pool at 7:45am ready to warm up from 8:00am – 8:30am
- Away Meets – Swimmers are to arrive at WW Pool parking lot at 7:00am ready to caravan in full TEAM SPIRIT!

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PRACTICE SCHEDULE

June 1 – June 25*

AGE GROUP	BEGIN	END
11 & UP	4:00pm	4:45pm
9-10	4:45pm	5:30pm
8 & Under	5:30pm	6:00pm

Little Dolphins begin practice on June 29th* at Noon

June 29*– July 29

AGE GROUP	BEGIN	END	DRY LAND
9-10	8:00 am	9:00 am	9:00 am – 9:15 am
13 & Over	9:00 am	10:15 am	10:15 am – 10:30 am
11 –12	10:15 am	11:15 am	11:15 am – 11:30 am
8 & Under	11:15am	Noon	N/A
Little Dolphins	Noon	12:30pm	N/A

Afternoon Practice is Tuesday / Thursday only. It is open to all swimmers who could not attend morning practice due to other activities.

* These dates subject to change if FCPS changes the snow make up dates.

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REGISTRATION FORM

WRA MEMBERSHIP NUMBER: _____

Swimmer(s)	Gender	Date of birth	Little Dolphin?	T-shirt size
1.				
2.				
3.				
4.				

COST (includes T-shirt):

One Swimmer = \$95

Two Swimmers = \$165

Three or More Swimmers = \$220

Late Registration: add \$25 (after May 6th)

TOTAL: \$ _____

Please consider adding \$1 per Swimmer as a contribution to the NVSL scholarship program. This program is managed by the NVSL for graduating seniors of the NVSL.

Donation: \$ _____

Make check payable to Waynewood Swim Team

VOLUNTEER SECTION:

Please select Volunteer positions. Please expect to help out at a minimum of four meets.

	Concessions
	Officials (need to attend officials clinics)
	Timers
	Table Workers
	Setup / Takedown

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EMERGENCY CONTACT FORM (ONE PER FAMILY)

SWIMMER(S) NAME(S): _____

Name of Parents:

Mother: _____ Father: _____

Address: _____

Email: _____

CONTACT TELEPHONES:

Mother: HOME: _____ WORK/CELL: _____

Father: HOME: _____ WORK/CELL: _____

EMERGENCY CONTACT: _____

PHONE: _____

Family doctor: _____

Phone: _____

Allergies or other medical conditions that would be pertinent in an emergency: _____

WAIVER STATEMENT

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

I release the Waynewood Recreation Association, its directors and officials and the WRA team representatives and coaches of any liability due to any activities deemed by WRA as necessary or incidental to the conduct of this swim program. In the event of an accident or injury I grant permission to the Waynewood 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.

Signature: _____ Date: _____

Print Name: _____