

**Pinewood Porpoises Swim Team  
Summer 2025 – Registration Form**

Swimmer's Name (Last Name, First Name)	Gender (Male/Female)	Date of Birth (Month/Date/Year)	Age as of 5/31/25*	T-Shirt Size YS-YXL; S-XXL
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**\*SWIMMERS MUST BE 4 YEARS OLD BY 5/31/2024 TO JOIN PINEWOOD PORPOISES SWIM TEAM\***

Important Medical Information for Each Swimmer. List Swimmer's Name & Provide Information or Write "None":

Parent/Legal Guardian Name(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone Numbers: (Home): \_\_\_\_\_ (Work): \_\_\_\_\_ (Cell): \_\_\_\_\_

Parent's E-Mail Address: \_\_\_\_\_ Swimmer's E-Mail Address: \_\_\_\_\_

Are you a member of Pinewood Plantation (Pinewood)? \_\_\_\_\_ Interested in joining? \_\_\_\_\_

**PARTICIPATION IS REQUIRED OF ALL PORPOISE PARENTS**

I give my permission for my child/children named above, to take part in all Pinewood Swim Team activities and other functions. In addition, I understand that in order for a swimmer to participate on the Pinewood Swim Team, **A PARENT OR FAMILY MEMBER MUST VOLUNTEER AT LEAST 4 TIMES** during the course of the season (must include Championship meet). Numerous opportunities will be provided during the swim meets. If this obligation is not met, then a swimmer may not be eligible to return the following season.

\_\_\_\_\_ First Swimmer @ \$175.00

\_\_\_\_\_ Each Additional Swimmer @ \$125.00 per swimmer

\_\_\_\_\_ If you are not a member of Pinewood- add \$50.00 per swimmer (\$150 max per family)

\_\_\_\_\_ Donation to Pinewood Swim Team Pool Fund

\_\_\_\_\_ TOTAL DUE

**Refund Policy:**

- If for any reason a swimmer elects to withdraw from the team prior to the start of the season (before practices begin), a full refund of registration and non-member fees will be provided.
- If the head coach determines that a swimmer is not ready for the swim team, a pro-rated refund of registration fees will be provided.
- If a swimmer leaves the team because of disciplinary issues, a refund of fees will not be issued.
- No refunds will be given after practices begin unless there is a medical reason for withdrawal and then a pro-rated refund of fees will be issued.

**Practice Schedule Policy:**

- No swimmer will be allowed to change practice times **UNLESS** it is approved by the Team Manager and the Head Coach.
- Evening Practice is reserved for working families ONLY.

**Non Pinewood Member Pool Use:**

- Non Pinewood Members (this includes Pinewood Swim Team Members and their siblings) are **NOT** permitted to use the pool and/or the kiddie pool before, during, or after evening practice.
- The Kiddie Pool IS CLOSED during morning practice and is only open to Pinewood members during evening practices.

**Signed:** \_\_\_\_\_

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

Remember: Visit our Team Unify site: <https://www.teamunify.com/Home.jsp?team=recstppla>  
or join us on Facebook for Porpoise news and information.

Registration includes permission for emergency medical treatment and permission to photograph swimmers for Pinewood Swim Team purposes and publication on the Pinewood Swim Team's Team Unify Site and Facebook page.

**Please initial and date to acknowledge your receipt of the Parent/Athlete Concussion Information Form** \_\_\_\_\_

**Initials**

**Date**

# ST. TAMMANY SWIM LEAGUE

## Application for Swimmer Registration

Swim Team \_\_\_\_\_

Year \_\_\_\_\_

Please provide the information requested below including whether the swimmer is new to the STSL or a returning swimmer from last year. You should **mark them as a returning swimmer even if you are swimming for a different team this year**. STSL dues are included in your team registration and must be paid at least **72 hours prior to starting practice for new swimmers**.

Name: _____	DOB: ____/____/____	Age as of 5/31 ____	Sex M/F New/Ret
Name: _____	DOB: ____/____/____	Age as of 5/31 ____	Sex M/F New/Ret
Name: _____	DOB: ____/____/____	Age as of 5/31 ____	Sex M/F New/Ret
Name: _____	DOB: ____/____/____	Age as of 5/31 ____	Sex M/F New/Ret
Name: _____	DOB: ____/____/____	Age as of 5/31 ____	Sex M/F New/Ret

Mailing Address \_\_\_\_\_  
(Street) (City & State) (Zip)

E-Mail Address _____	Home Phone _____
1 <sup>st</sup> Parent/Guardian _____	Cell Phone _____
2 <sup>nd</sup> Parent/Guardian _____	Cell Phone _____

### CONSENT FOR MEDICAL TREATMENT AND LIMITATION OF LIABILITY

A. If you cannot contact me, as the parent or legal guardian of the Applicant, I hereby consent to the administration of emergency medical care to the Applicant as prescribed by a duly licensed doctor of medicine or doctor of dentistry. This care may be given as necessary to preserve the life, limb and well-being of the Applicant.

B. I hereby consent to the Applicant's participation in any and all activities related to the St. Tammany Swim League (the "League"), including but not limited to swim meets, both formal and informal, swim practices, social events, and transportation to and from these activities.

C. To the best of my knowledge, the Applicant is in good physical and emotional condition and health such that there are no restrictions on the Applicant's ability to participate in any of the activities of the League, including but not limited to swim meets, swim practices, social events, and transportation to and from said activities.

D. I hereby expressly assume all risks and hazards associated with the Applicant's participation in the League, waive and release the League from all liability for said risks and hazards, and agree to defend, indemnify, and hold the League harmless from and against all claims, actions, damages, liabilities, costs, and expenses (including attorney's fees and legal costs) arising from or in any way connected with the Applicant's participation in the League. For the purposes of this paragraph D, the term "League" includes each of the following individuals and entities: the League and its directors, officers, officials, employees, and volunteers; each member team of the League and its directors, officers, officials, employees, supervisors, coaches, members, parents, volunteers and participants of every type; and each member team's sponsoring club or entity.

\_\_\_\_\_  
(Signature of Parent or Guardian)

\_\_\_\_\_  
(Printed Name of Parent or Guardian)

\_\_\_\_\_  
(Date)

**Pinewood Porpoises Swim Team**  
**Public Information/Communications/Photo Release**

In order to help keep the public informed about our team and to recognize swimmers for their accomplishments, our swimmers are sometimes included in team/league information that is distributed to the public. To ensure that you agree to your child's participation, we ask that you sign this form for each child registered.

I agree that for the year 2025, the name, voice, likeness, and/or work of:

Swimmer's Name: \_\_\_\_\_

Swimmer's Name: \_\_\_\_\_

Swimmer's Name: \_\_\_\_\_

Swimmer's Name: \_\_\_\_\_

Swimmer's Name: \_\_\_\_\_

may be used in news publications, audiovisuals, internet web sites and other electronic transmissions issued by the Pinewood Porpoises Swim Team board members. I also agree that this information may be used by members of the media with the permission of the board members of the Pinewood Porpoises Swim Team. These information items include, but are not limited to, photographs, videotapes, live broadcasts, and/or other electronic transmissions related to team activities. I understand that no compensation or reimbursement of any kind related to use of the above material shall be paid to the swimmer or me. I also agree that the above referenced information from this year may be used in subsequent years without additional consent. I understand that during the course of the swim season I may terminate consent for the remainder of the season with written notice provided to the board members of the Pinewood Porpoises Swim Team. Such termination will not apply to information generated prior to the receipt of the consent termination. Termination is effective beginning at 5:00 PM local time the day after receipt.

Printed Name of Parent/Guardian

\_\_\_\_\_

Signature of Parent/Guardian or Swimmer (if at least age 18)

\_\_\_\_\_ Date \_\_\_\_\_