



PEMBROKE MEADOWS MARLINS CLINIC

marlinsswimteam.com
2020 Clinic Registration



Are you a new Marlin? Y _____ N _____

Clinic Dates: June 30th-July 31st

Parent #1 Name: _____ Parent #2: _____

Address: _____ City _____

Cell Phone: _____ Home Phone: _____

Emergency Contact: _____ Phone #1: _____ Phone #2: _____

Email #1: _____ Email #2: _____

Eligibility: Swimmer must be 18 years old or younger. 6 and under age group is not included in clinic.

Swimmer (s):	Last Name	First Name	Birth Day mm/d/yy	Age on 6/15/19	M/F
_____	_____	_____	____/____/____	_____	_____
_____	_____	_____	____/____/____	_____	_____
_____	_____	_____	____/____/____	_____	_____

Fees: each swimmer: \$100.00

Amount enclosed for swimmer/s: \$ _____

Total Enclosed: \$ _____

Schedule: Tuesday-Friday mornings only

Time Slots by age groups are:

7:45-8:30am

8:30-9:15am

9:15-10:10am

We will announce age group times once we receive all applications.

My child has permission to swim for Pembroke Meadows Marlins Swim Team (PMMST) of the Virginia Beach Swim League (VBSL). I will not hold VBSL, PMMST or the Pembroke Meadows Recreation Center, Inc., or any of their respective officers, directors, coaches or employees responsible in the case of accident or injury as a result of participation and hereby waive any claim I or my child may subsequently have against them.

Parent Signature: _____ Date: _____

Please mail check to PMMST c/o Jane Orem, 831 St. Dennis Court, Virginia Beach, VA 23455

COVID-19 Procedures: Our pool is following strict COVID-19 procedures. Each practice, your child will be required to answer four questions before entering the pool deck. Swimmers should only show up with cap, goggle and towel. No bags or changing at the pool because of COVID-19 requirements.

Swim Team Reps and Committees: Your team reps – Tara Hoover (757-672-8760) & Jane Orem 757-285-0030) NEED YOUR HELP and are always seeing additional volunteers to help with team duties and decisions.

PHOTO RELEASE: **I AGREE TO ALLOW MY CHILD’S PHOTO TO BE USED** on the PMMST website and in any team brochure or advertisement. This website is for information purposes only and any other use to promote the swim team. I understand that I may request to have my child’s photo removed at any time.

Parent signature: _____ Date: _____