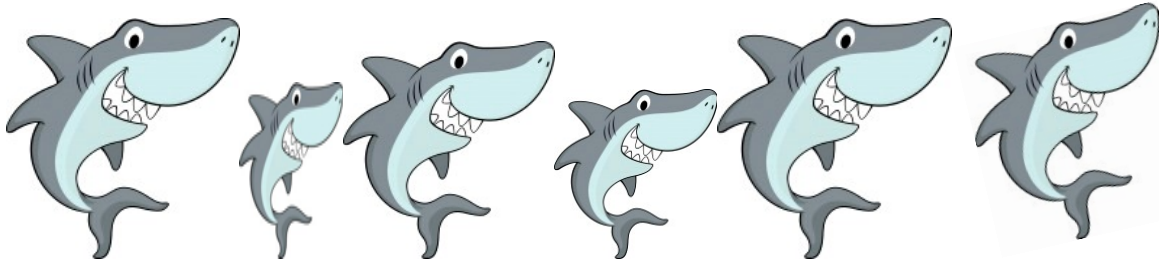


# Come Make A Splash with the CAC Sharks!!!



## **CAC SWIM TEAM REGISTRATION**

**Sunday, April 10th, 2022**

**2:30pm – 4:30pm**

If you're returning from last year, or if you have never been on Swim Team, now is the time to join!! You need not be an expert swimmer. Swim Team gives each swimmer the chance to meet new friends, gain self-confidence, self-esteem and endurance, and have lots of fun.

**Bring your checkbook and calendar and avoid the late fee!**

ANY REGISTRATION RECEIVED AFTER APRIL 10TH WILL BE CHARGED A LATE FEE OF \$25.00. (returning swimmers only) **Please note that you must be a FULL CLUB member of Chesterfield Athletic Club OR HAVE A SUMMER MEMBERSHIP to be on the swim team.**

### **Swim Team Fees:**

1. **CAC Swim Team "Registration" Fee:**

\$65.00 first child, \$60.00 each additional child (This fee is paid to the Chesterfield Athletic Club and may be added to your bill at time of registration)

2. **CAC Swim Team "Family" Fee:**

\$50.00 per family for one child or \$60.00 for two or more children to cover end of season awards and coaches gifts. This portion of fees can't be billed to your club account. Check is made to **NORMAN RICH**

3. **CAC "Work Duty Deposit" Fee:**

The CAC Swim Team requires a \$100.00 deposit along with your registration. This check will be held till the end of season and destroyed if your work duties are fulfilled. **CHECK MADE OUT TO NORMAN RICH**

**Please let me know if you have any questions.**

**Norman Rich 314-805-0225 [normanr@me.com](mailto:normanr@me.com)**

## **CAC Swim Team Registration via Mail**

If you are not able to attend Swim Team registration, you may mail your registration to me or drop off the information at the club.

**PLEASE UNDERSTAND THAT THE PEOPLE WHO COME TO REGISTRATION WILL GET FIRST CHOICE FOR PARENT WORK DUTIES.** Once Registration is completed on April 10th, we will then fill in work duties from registrations mailed in or dropped at CAC.

If you are going to drop off or mail in your registration form, please note:

1. **Chesterfield Athletic Club “Swim Team” Fee** –  
\$65 for first child, \$60 for each additional child. **This check should be made out to “CAC “ or charged to your account.**
2. **CAC Swim Team “Family” Fee** –  
\$50 for one child or \$60 for two or more children to cover end of the season awards and coaches gifts. **This check should be made out to “NORMAN RICH”.**
3. **CAC “Work Duty Deposit”** –  
\$100 deposit per family. Check will be destroyed after your work duties are fulfilled. **This check should be made out to NORMAN RICH.**
4. **Work Duty Preference Sheet**–  
List of work duties in order of your preference - please list at least 6 possible dates. Neglecting to complete work duties puts a burden on the rest of the parent volunteers to fulfill the many needs to run a swim meet.
5. **Mail to:** Norman Rich  
13395 Windbrooke Lane  
St. Louis,MO 63146

# **CAC 2022 SCHEDULE**

## **Practice Begins Monday June 6**

|                  |                |
|------------------|----------------|
| 7 yrs to 10 yrs: | 8:00-9:00 am   |
| 11 yrs to 18 yrs | 9:00-10:00 am  |
| 6yrs and younger | 10:00-10:30 am |

## **Time Trials Thursday June 9**

|                  |                |
|------------------|----------------|
| 7 yrs to 10 yrs  | 8:00-9:00 am   |
| 11yrs to 18 yrs  | 9:00-10:00 am  |
| 6yrs and younger | 10:00-10:30 am |

## **Team Pictures Friday June 10**

|                       |                |
|-----------------------|----------------|
| Individual pictures   | 8:30           |
| Team Pictures         | 9:00           |
| Practice: 8-18 yr old | 9:15 to 10:00  |
| 6 and under           | 10:00 to 10:30 |

## **2022 CAC Swim Meet Schedule**

**Warm-ups for meets begin at 5:00 pm. Meets start at 5:30**

|                  |                               |
|------------------|-------------------------------|
| Monday June 13   | ELKS AT CAC                   |
| Monday June 20   | OLD FARM AT CAC               |
| Monday June 27   | CAC at Seven Pines            |
| Tuesday July 5   | CAC at CCRC                   |
| Monday July 11   | no meet                       |
| Monday July 18   | RIVER BEND AT CAC             |
| Saturday July 23 | Conference Meet TBA           |
|                  | Warm up 7:00 am Start 8:00 am |
| Sunday July 24   | <b>Pool Party at CAC</b>      |

## CAC SWIM TEAM “WORK DUTY” POLICY

Chesterfield Athletic Club Swim Team is dependent on the voluntary cooperation of all parents equally sharing in the work assignments involved in conducting swim meets which all of our children participate in. Due to the number of volunteers required to run a swim meet we cannot do this without parent working the numerous volunteers needed at each swim meet.

The swim program is designed to provide every swimmer a safe and enjoyable experience and requires that each parent choose a work assignment that allows the swim meet to proceed in a timely and organized manner. Workers are needed to support this effort as timers, ribbon writers, card runners, announcer and many other important tasks that support a successful meet.

To provide every parent the same opportunity to see their swimmer and work only their fair share, it is most important that everyone observe their assigned work opportunity so as not to take advantage of other team parents. Neglecting to complete work duties puts a burden on the rest of the parent volunteers to fulfill the many needs to run a swim meet.

**If for some reason you are unable to work and cannot find a replacement to take your place, *a fine of \$100 will be levied* and your child will not be allowed to participate in the next swim meet. A second check for a \$100 will be required to secure future swim meet participation. A Work Duty Replacement Volunteer must be 16 years of age and have approval from the Work Duty Volunteer Chairs. We appreciate your understanding, cooperation and support in this important issue for our ultimate goal is for every child to have a wonderful swim team experience.**

**All parents of swimmers who participate in Conference Finals are expected to sign up to work when the work schedule is posted. This obligation is a requirement before a swimmer may swim in this postseason event and the work duty is in addition to the regular swim meet schedule.**

# CAC SWIM TEAM REGISTRATION FORM

Parents' Last Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mothers's Name: \_\_\_\_\_ Fathers Name: \_\_\_\_\_

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

City / State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

|    | <u>Swimmer's Name</u> | <u>Age as of May 31</u> | <u>Birthdate</u> | <u>Boy/Girl</u> |
|----|-----------------------|-------------------------|------------------|-----------------|
| 1. | _____                 | _____                   | _____            | _____           |
| 2. | _____                 | _____                   | _____            | _____           |
| 3. | _____                 | _____                   | _____            | _____           |
| 4. | _____                 | _____                   | _____            | _____           |

**Chesterfield Athletic Club "Swim Team" Fee** – Total Cost: \_\_\_\_\_  
\$65 for first child, \$60 for each additional child. **This check should be made out to "CAC" or charged to your account.**

**CAC Swim Team "Family" Fee** – Total Cost: \_\_\_\_\_  
\$50 for one child or \$60 for two or more children to cover end of the season awards and coaches gifts. **This check should be made out to "NORMAN RICH".**

**CAC "Work Duty Deposit" Fee** –  
\$100 deposit per family. Check will be held till end of season and destroyed if work duties are fulfilled. **This check should be made out to NORMAN RICH.**

**Work Duty Preference Sheet**–  
List of work duties in order of your preference - please list at least 6 possible dates.

**Late Fee** - A late fee of \$25 will be added to the registration fee after April 10. 2022 for returning swimmers. This check should be made payable to the CAC Swim Team.

I give my child/children permission to participate on the Chesterfield Athletic Club Swim Team. I agree to fulfill my participation requirements, **work at least FOUR (4) times** during the league **pre-conference swim meets**. I will be at the respective club at least 30 minutes prior to the starting time of the meet. If for some reason I cannot work, I **will find a replacement for my job and contact the committee chairperson to confirm changes.**

**I understand that my child will not be allowed to swim in a meet until I have signed up to work my four meets.**

Parent Signature \_\_\_\_\_ Membership # \_\_\_\_\_

# CAC SWIM TEAM

## Work Duty Preference Sheet

**KEEP THIS PAGE AS A REMINDER OF WHAT MEETS YOU HAVE SIGNED UP TO WORK!** Remember, if you have not signed up to work four meets, your child will not be allowed to swim.

Monday June 13, 2022    Elks Club at CAC            JOB \_\_\_\_\_

Monday June 20, 2022    Old Farm at CAC            JOB \_\_\_\_\_

Monday June 27, 2022    CAC at Seven Pines        JOB \_\_\_\_\_

Tuesday June 5, 2022     CAC at CCRC                JOB \_\_\_\_\_

Monday July 11, 2022    no meet

Monday July 18, 2022    River Bend at CAC        JOB \_\_\_\_\_

**SATURDAY JULY 23–Conference at TBA**

**CONFERENCE – JOBS WILL BE ELECTED AT A LATER DATE**

## **LIABILITY DISCLAIMER AND MEDICAL AUTHORIZATION**

I do hereby relieve Chesterfield Athletic Club, the Swim Team Board Members, coaches and all meet officials and volunteers of any and all LIABILITY for personal injury incurred or sustained by my child during his/her participation in any and all activities or programs of the Chesterfield Athletic Club including, but limited to practices, meets, picnics, etc of the Summer Swim Team Program.

I further authorize the coach or adult in charge of my child's team to secure any and all necessary medical aid, assistance, or treatment for my child during practice or activity if such medical aid, assistance or treatment is required due to an injury to my child.

It is understood that it is the parents' responsibility to provide whatever insurance they deem necessary for the protection of their child.

By my signature hereon, I agree that I have read the above and foregoing Liability Disclaimer and Medical Authorization and understood the contents thereof, and agree that the information and facts contained therein are true to the best of my knowledge and belief.

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Parent's Signature

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Date