

# ORCA SUMMER SWIM TEAM 2014 INFORMATION

**WHAT:** Oak Ridge City Aquatics (ORCA)  
Summer League Swim Team

**PRE-REGISTRATION:** Civic Center Front Desk beginning May 5, 2014 at 8:00am  
Forms may be printed from [orrecparks.oakridgetn.gov](http://orrecparks.oakridgetn.gov)

**PRE-SUMMER WORKOUTS:** Civic Center Indoor Pool from 4-5pm on the following days:  
May 20<sup>th</sup>, 22<sup>nd</sup>, May 27<sup>th</sup>. Children must have a signed release  
to participate

**WHEN:** Practice is at the Outdoor Pool Monday thru Friday. Your  
child will be assigned a workout time between 9:30am to 11am  
AND/OR Monday & Wednesday evenings 6:30pm to 8pm  
starting June 2<sup>nd</sup> and ending July 24<sup>th</sup>. See the attached  
meet schedule for 2014.

Tentative Practice Schedule:

|                 |               |
|-----------------|---------------|
| 8 years & under | 10:15-11:00am |
| 9-10 years      | 9:15-10:15am  |
| 11 years & up   | 9:30-11:00am  |

**WHERE:** Municipal Swimming Pool 25-meter Course

**FEES:** \$120.00/swimmer-This fee includes dual meets and  
practices and must be paid before your child may  
participate. A Non-Resident Fee of \$10 per child may  
apply.

**PURPOSE:** The purpose of ORCA is to provide an opportunity for  
fun, low-pressure competition to area swimmers - novice  
to veterans.

**CONTACT:** Recreation & Parks Department - 425-3450  
Parent Representative - Erik Groscost 384-3379

*ORCA is sponsored by:  
City of Oak Ridge Recreation and Parks Department*

**ORCA SUMMER SWIM TEAM MEETS  
SUMMER 2014**

NAME: \_\_\_\_\_

BIRTH DATE: \_\_\_\_\_

| Date  | Event/Place   | Day/Time                 | Will Attend | Parent Volunteer |
|---|---|--------------------------|-------------|------------------|
| June 10   | HOME Northside YMCA   | Tues @ 5:30pm            |             |                  |
| June 16   | AT Beaver Brook Country Club  | Mon @ 5:30pm             |             |                  |
| June 24   | AT Cherokee County Club   | Tues @ 5:30pm            |             |                  |
| July 1  | HOME University Club  | Tues @ 5:30pm            |             |                  |
| July 25, 26 & 27                                      | <b>GKAISA**</b><br>City Championships at UT<br>Warm-Ups - TBA<br>Allan Jones Pool UTK<br>2200 Andy Holt Avenue, Knoxville, TN 37996 | Fri - 11 & Up            |             |                  |
|   |   | Sat - 10 & Under         |             |                  |
|   |   | Sun - Finals<br>All Ages |             |                  |
| <b>** Must swim in TWO dual meets to be eligible.</b> |   |                          |             |                  |

**ADDITIONAL INFORMATION**

1. We ask for parents to work in at least 2 dual meets. Please check the meets that you can work.
2. In order for a swimmer to be eligible to swim in the GKAISA Championship, he/she must participate in at least 2 dual meets.
3. Home meets will be held at the Civic Center Pool. Directions to away meets will be provided.
4. Entry fees for GKAISA Championships must be paid by swimmer.

QUESTIONS ??? - Call Erik Groscoast (Parent Rep 384-3379) or Jane Gibson (425-3450)-City contact

Email Coach: [oakridgacityaquatics@gmail.com](mailto:oakridgacityaquatics@gmail.com) Parent website: [www.orca.swim-team.us](http://www.orca.swim-team.us)

\_\_\_\_\_  
Parent/Guardian's Name

\_\_\_\_\_  
Daytime Phone #

\_\_\_\_\_  
Email Address

**\*\*PARENT'S COPY\*\***

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\_\_\_\_\_  
Parent/Guardian's Name

\_\_\_\_\_  
Daytime Phone #

\_\_\_\_\_  
Email Address

**\*\*COACH'S COPY\*\***

# Greater Knoxville Area Interclub Swimming Association

Team Name: \_\_\_\_\_

Swim Season Registration

| Swimmer's Name | Birth Date | Sex    | Any Special Health Problems or Medication |
|----------------|------------|--------|---|
|                |            | F<br>M |   |

|  |   |
|--|---|
| Name of Parent<br>Or Legal Guardian: _____<br>Address: _____<br>City: _____ Zip: _____ | Home Phone Number: _____<br>Emergency Phone Number: _____ |
|--|---|

|  |   |
|--|---|
| <p style="text-align: center;"><b><u>GKAISA PARTICIPATION RELEASE</u></b></p> <p>I, the parent/guardian of the registrant(s) listed above, a minor(s), agree that the registrant(s) and I will abide by the rules of GKAISA, the _____ Swim Team, its affiliated organizations and sponsors. Recognizing the possibility of physical injury that could occur during a swim meet or practice session and travel due to vehicle accident or other unforeseen accidents, I hereby release, discharge and/or otherwise indemnify the GKAISA, the _____ Swim Team, its affiliated organizations, sponsors, and associated personnel, including owners of pools and facilities utilized by the swim program against any claim by or on behalf of the registrant or their family as a result of the registrant's participation in the swim program and/or being transported to or from the same, which transportation I hereby authorize by the signing of this release.</p> <p>Signature: _____ Date: _____<br/>(Parent /Legal Guardian)</p> | <p style="text-align: center;"><b><u>CONSENT FOR EMERGENCY MEDICAL CARE</u></b></p> <p>I, the parent/guardian of the registrant(s), a minor(s), give my permission to any adult officially representing GKAISA or the _____ Swim Team to obtain emergency medical treatment for the registrant(s) in the event of an accident resulting in personal injury requiring such treatment.</p> <p>Signature: _____ Date: _____<br/>(Parent/Legal Guardian)</p> <p>Insurance Carrier: _____<br/>         Policy Number: _____<br/>         Group Number: _____</p> |
|--|---|