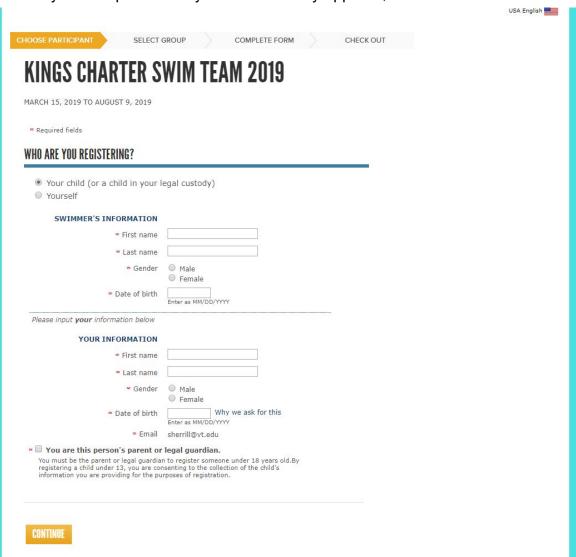
Instructions for Registering for Swim Team

Click Here to Register

Go to the registration site and login. If you were on the team last year your previous login should work. Otherwise, enter your email to create a login.

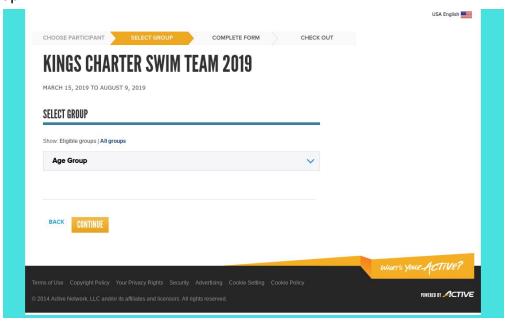
When you login, start at the WHO ARE YOU REGISTERING?

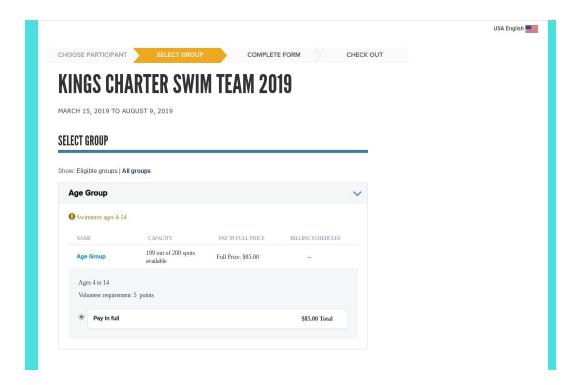
Select "Your Child" and complete the fields for the Swimmer and Your Information. If you have more than one child, add the first one here and you will add siblings later. If you already have a profile and your child already appears, select their name.



Complete the fields and hit CONTINUE.

On the next page you will select the Age Group for your swimmer. Click where it says Age Group.





Your swimmer should have the appropriate group selected based on the date of birth you supplied.

Complete the Parent/Guardian Information Section.

Please include an active cell phone number so you will receive text updates on weather changes and team events.

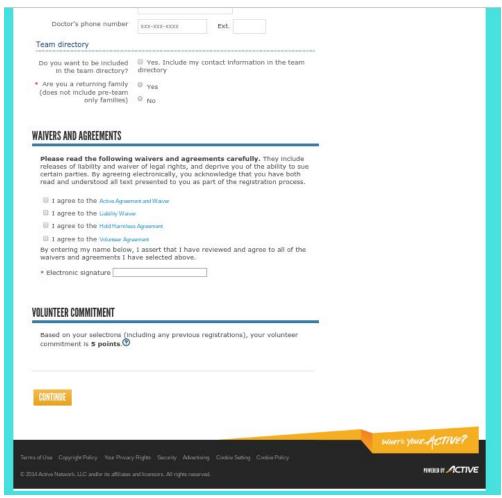
At the bottom of the form is a blue button to ADD ANOTHER PARENT/GUARDIAN. Listing both parents will mean text and emails on team events and other updates will go to any necessary contacts.



Complete the section for the swimmer. Note for older swimmers, this is where you can add your swimmer's email or cell number (if applicable) so that they will receive updates.

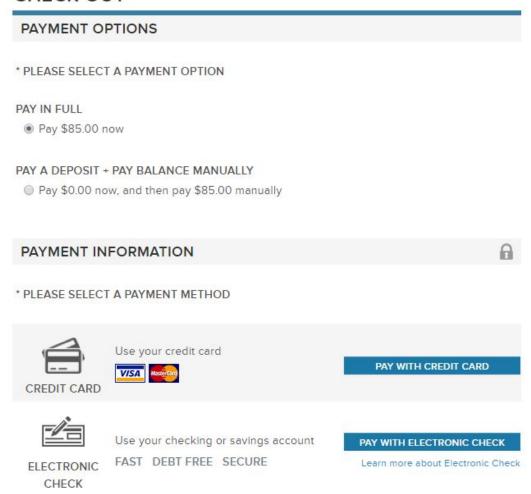
First name	John					
* Middle name						
	No middle Name					
Last name	Sherrill					
Gender	Male					
Date of birth	02/11/2011					
Email address	ksherrill123@gmail.c optional additional email add receive émail alerts Add another email					
* Home phone	XXX-XXX-XXXX	Ext.				
	Please list your family's prim number.	ary				
Cell phone	xxx-xxx-xxxx					
	include swimmer cell phone i swimmer to receive text aler	if you wish ts				
* Country	United States	•				
* Address						
Address line 2						
* City						
• State	-Select one-	•				
* ZIP code						
* T-shirt size						
	-Select one-	•				
* Emergency contact name 1	Please list someone other than the child's parent/guardian.					
Emergency contact phone 1	XXX-XXX-XXXX	Ext.				
Does the athlete have any						
special needs, medical conditions or require any						
accommodations?	If so, please list them here.					
Please list current medications for athlete:						
	For any medication the swim		1			

Finish completing the swimmer's information. Please make sure you check all of the Waivers and add your name as an electronic signature.



When you finish, select CONTINUE. This will take you to a page that gives you the option to add additional swimmers or check out.

CHECK OUT



The checkout page is where you select the option to pay now by credit card or to pay by check or cash at the registration dates in April.

If you register multiple swimmers, when you go to check out the system should calculate and show you the discount for multiple family members. Please contact us if this does not show up for you.

Any questions or problems with the registration process, please email kctidalwaves@gmail.com.