

# 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.

USA English 

CHOOSE PARTICIPANT > SELECT GROUP > COMPLETE FORM > CHECK OUT

## KINGS CHARTER SWIM TEAM 2019

MARCH 15, 2019 TO AUGUST 9, 2019

\* Required fields

### WHO ARE YOU REGISTERING?

Your child (or a child in your legal custody)  
 Yourself

#### SWIMMER'S INFORMATION

\* First name   
\* Last name   
\* Gender  Male  Female  
\* Date of birth   
Enter as MM/DD/YYYY

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Please input **your** information below

#### YOUR INFORMATION

\* First name   
\* Last name   
\* Gender  Male  Female  
\* Date of birth  Why we ask for this  
Enter as MM/DD/YYYY  
\* Email

**You are this person's parent or legal guardian.**  
You must be the parent or legal guardian to register someone under 18 years old. By registering a child under 13, you are consenting to the collection of the child's information you are providing for the purposes of registration.

**CONTINUE**

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.

USA English

CHOOSE PARTICIPANT **SELECT GROUP** COMPLETE FORM CHECK OUT

## KINGS CHARTER SWIM TEAM 2019

MARCH 15, 2019 TO AUGUST 9, 2019

### SELECT GROUP

Show: Eligible groups | All groups

**Age Group**

[BACK](#) [CONTINUE](#)

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USA English

CHOOSE PARTICIPANT **SELECT GROUP** COMPLETE FORM CHECK OUT

## KINGS CHARTER SWIM TEAM 2019

MARCH 15, 2019 TO AUGUST 9, 2019

### SELECT GROUP

Show: Eligible groups | All groups

**Age Group**

Swimmers ages 4-14

NAME	CAPACITY	PAY IN FULL PRICE	BILLING SCHEDULES
<b>Age Group</b>	199 out of 200 spots available	Full Price: \$85.00	--

Ages 4 to 14  
Volunteer requirement: 5 points

**Pay in full** \$85.00 Total

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.

The image shows a web form titled "PARENT/GUARDIAN INFORMATION". The form is for a "PRIMARY PARENT/GUARDIAN" and includes the following fields and options:

- First name: Keith
- Last name: Sherrill
- Gender: Male
- Date of birth: 04/20/1974
- Email address: ksherrill2@optonline.com (with a note: "Not to contact if user is marked 'opt out'") and a link to "ADD ANOTHER EMAIL".
- Sign-up for Free Newsletters:
  - ACTIVE Offers (Receive Deals & Promos)
  - Local Events (Local Events Near You)
  - ACTIVE Playoffs (Adult Training Alerts)
  - ACTIVE Kids (Age-Appropriate Activities, Programs, and More)
- Cell phone: 800-422-2222 (with a note: "Not to contact if user is marked 'opt out'")
- Business phone (Day phone): 800-422-2222
- Country: United States
- Address: 11111 Stephens Avenue Drive
- Address line 2: (empty)
- City: Northbrook
- State: Illinois
- ZIP code: 60062

At the bottom of the form, there is a blue button labeled "ADD ANOTHER PARENT/GUARDIAN" which is highlighted with a red rectangular box.

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	<input type="text"/>
	<input type="checkbox"/> No middle Name
Last name	Sherrill
Gender	Male
Date of birth	02/11/2011
Email address	ksherrill123@gmail.com <small>optional additional email address to receive email alerts <a href="#">Add another email</a></small>
* Home phone	<input type="text" value="XXX-XXX-XXXX"/> Ext. <input type="text"/>
	<small>Please list your family's primary number.</small>
Cell phone	<input type="text" value="XXX-XXX-XXXX"/>
	<small>Include swimmer cell phone if you wish swimmer to receive text alerts</small>
* Country	<input type="text" value="United States"/>
* Address	<input type="text"/>
Address line 2	<input type="text"/>
* City	<input type="text"/>
* State	<input type="text" value="-Select one-"/>
* ZIP code	<input type="text"/>
* T-shirt size	<input type="text" value="-Select one-"/>
* Emergency contact name	<input type="text"/>
1	<small>Please list someone other than the child's parent/guardian.</small>
* Emergency contact phone	<input type="text" value="XXX-XXX-XXXX"/> Ext. <input type="text"/>
1	
Does the athlete have any special needs, medical conditions or require any accommodations?	<input type="text"/>
	<small>If so, please list them here.</small>
Please list current medications for athlete:	<input type="text"/>
	<small>For any medication the swimmer will</small>

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

Doctor's phone number  Ext.

**Team directory**

Do you want to be included in the team directory?  Yes. Include my contact information in the team directory

\* Are you a returning family (does not include pre-team only families)  Yes  No

**WAIVERS AND AGREEMENTS**

**Please read the following waivers and agreements carefully.** They include releases of liability and waiver of legal rights, and deprive you of the ability to sue certain parties. By agreeing electronically, you acknowledge that you have both read and understood all text presented to you as part of the registration process.

I agree to the [Active Agreement and Waiver](#)

I agree to the [Liability Waiver](#)

I agree to the [Hold Harmless Agreement](#)

I agree to the [Volunteer Agreement](#)

By entering my name below, I assert that I have reviewed and agree to all of the waivers and agreements I have selected above.

\* Electronic signature

**VOLUNTEER COMMITMENT**

Based on your selections (including any previous registrations), your volunteer commitment is **5 points**. ⓘ

**CONTINUE**

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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

### PAYMENT OPTIONS

\* PLEASE SELECT A PAYMENT OPTION

#### PAY IN FULL

Pay \$85.00 now

#### PAY A DEPOSIT + PAY BALANCE MANUALLY

Pay \$0.00 now, and then pay \$85.00 manually

### PAYMENT INFORMATION

\* PLEASE SELECT A PAYMENT METHOD



CREDIT CARD

Use your credit card



**PAY WITH CREDIT CARD**



ELECTRONIC  
CHECK

Use your checking or savings account

FAST DEBT FREE SECURE

**PAY WITH ELECTRONIC CHECK**

[Learn more about Electronic Check](#)

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](mailto:kctidalwaves@gmail.com).