


When registration is open you will see the Register now button on the sidebar:

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Marlbank Mudtoads

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We are the Mudtoads!



MARLBANK MUDTOADS 2021

Member of GPSA

[Home](#) [About](#) [Meets & Events](#) [Resources](#)

Team registration is open!

[Register now](#)

Recent News [View all](#)

Registration opens 4/24
Posted on March 16th

SwimTopia Mobile App

[Download on the App Store](#) [GET IT ON Google Play](#)

Download SwimTopia Mobile to receive **Team Alerts** for weather delays/cancellations, sign up for meets, view your volunteer commitments and swim results, and more.

[More Info: [Help - SwimTopia Mobile](#)]

Read through the information before proceeding to ensure you have everything you need:

Home About Meets & Events Resources

Personal Information Medical Volunteer Merchandise Payment

2022 Registration * Indicates a required field

Welcome!

Before starting you will need the following:

- Contact information for primary and at least one additional Parent/Guardian (Name, email address and phone number); you may add as many as needed to receive future emails, you may also opt out of emails
- Swimmers information (Name, Preferred Name, DOB, Gender, T-Shirt size - be sure to read note about the size options)
- Address
- Emergency Contact Person, prefer not the already listed Parent/Guardian (Name, Phone Number and relationship)
- Credit Card if paying online

Once you have completed your registration you will receive an email to create your password. You will not be able to login until your MRA membership has been verified and for those paying by check, your Swim Team payment as well.

Fee Structure is as follows:

1. Swimmer - \$90
2. Swimmer - \$90
3. Swimmer - \$65
4. Swimmer - \$40

If you need assistance please use the Contact Us link under the About menu - select Registration for the topic.

Scroll down to the first section and enter the requested information.

Parent/Guardian Information

At least one parent/guardian registration is required.

New accounts will be sent an email confirmation message with instructions to setup a password.

At least one parent/guardian email address must be provided.

Check the boxes to indicate which parent/guardians should receive team-wide emails.

| First Name * | Last Name * | Email Address * (Required for login) | Primary Phone | |
|----------------------|----------------------|--|----------------------|---------------------------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="button" value="REMOVE"/> |
| | | <input checked="" type="checkbox"/> Send team-wide email to this address | | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="button" value="REMOVE"/> |
| | | <input checked="" type="checkbox"/> Send team-wide email to this address | | |

Athlete Information

Enter the information for each athlete being registered below. At least one Athlete registration is required.

| First Name * | Preferred Name | Middle Initial | Last Name * | Gender * | Birth Date * | | | |
|----------------------|----------------------|----------------------|----------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|---------------------------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text" value=""/> | <input type="text" value=""/> | <input type="text" value=""/> | <input type="text" value=""/> | <input type="button" value="REMOVE"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text" value=""/> | <input type="text" value=""/> | <input type="text" value=""/> | <input type="text" value=""/> | <input type="button" value="REMOVE"/> |

Home Address

Address *

City * State/Province * Zip/Postal Code *

Primary Phone *

You can add as many Parent/Guardians as needed and enable delivery of emails when information is disseminated. You can disable Parent/Guardians from receiving emails as well. You must provide at least two Parent/Guardians.

Continue scrolling down to the the Acknowledgements...

Volunteer Shifts

Each family agrees to volunteer their allotted number of shifts (1 point per shift, 3 shifts per swimmer) for the Team to run a proper meet. Failure to fulfill this obligation may result in swimmer(s) being ruled ineligible to participate in future events including practices and swim meets.

YES, I AGREE. *

Enter your initials to indicate acceptance:

GPSA Code of Conduct

I hereby agree to abide by the rules set forth in Part III of the GPSA Code of Conduct and acknowledge that, should we violate any provision of Part III, we will be subject to disciplinary actions as set forth in Part IV. The referenced document can be found [here](#).

YES, I AGREE. *

Enter your initials to indicate acceptance:

Team Policies

We have read and agree to comply with the Mudtoad Team Policies posted [here](#).

YES, I AGREE. *

Enter your initials to indicate acceptance:

Paid Meet Fees

If your child(ren) is scheduled to swim in any paid meet to include Mini Meet, 8&Under Super Heroes Meet or City Meet and he/she does not show up for the their event(s), you will be charged a fee of \$25 per swimmer/meet to reimburse the swim team for its expenses.

YES, I AGREE. *

Enter your initials to indicate acceptance:

City Meet Waiver

I/we hereby give permission for any and all medical attention necessary to be administered to our swimmer(s) in the event of an accident, injury, illness or any other situation that calls for medical attention until such time as the parent(s) can be contacted.

RELEASE OF LIABILITY

I/we am/are aware that during our participation and attendance in the GPSA City Meet to be held July 30,2022 and related activities that certain risks and dangers may occur, including, but not limited to, hazards inherent in the sport in which the swimmers will be training, preparing and competing; negligence or other careless acts and omissions by other participants, spectators and the sponsors; and hazardous or dangerous conditions of facilities and grounds. In consideration of the acceptance of my entry, and the right to participate, I/we do hereby assume all the above risks, waive and release any and all claims or causes of action of any kind and nature which I may now or hereafter have against the event organizers and/or their sponsors.

YES, I AGREE. *

Enter your initials to indicate acceptance:

You are required to agree to each item and initial your acceptance. Although not everyone participates in City Meet we do require acknowledgement of the Waiver during registration.

City Meet Waiver

I/we hereby give permission for any and all medical attention necessary to be administered to our swimmer(s) in the event of an accident, injury, illness or any other situation that calls for medical attention until such time as the parent(s) can be contacted.

RELEASE OF LIABILITY

I/we am/are aware that during our participation and attendance in the GPSA City Meet to be held July 30,2022 and related activities that certain risks and dangers may occur, including, but not limited to, hazards inherent in the sport in which the swimmers will be training, preparing and competing; negligence or other careless acts and omissions by other participants, spectators and the sponsors; and hazardous or dangerous conditions of facilities and grounds. In consideration of the acceptance of my entry, and the right to participate, I/we do hereby assume all the above risks, waive and release any and all claims or causes of action of any kind and nature which I may now or hereafter have against the event organizers and/or their sponsors.

YES, I AGREE. *

Enter your initials to indicate acceptance:

Next Step »

Click the Next Step button to continue registering.

Medical

* Indicates a required field

Please enter specific information if your athlete may need eipipen or inhaler so we are aware in case of emergency.

Treatment consent

I/we hereby give permission for any and all medical attention necessary to be administered to our swimmer(s) in the event of an accident, injury, illness or any other situation that calls for medical attention until such time as the parent(s) can be contacted.

I HAVE READ AND ACCEPT THE ABOVE TERMS *

Enter your initials to indicate acceptance: *

Medical Conditions

Please indicate any allergies (including to medications) or any other medical conditions below.

| Swimmer Name | Allergies | Medical conditions | Medications |
|--------------|----------------------|----------------------|----------------------|
| Katie Lynch | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Emergency Contacts

| Name * | Phone * | Relation * |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

Next Step »

An additional consent is requested along with any medical conditions and an emergency contact. You may leave the Medical Conditions blank if none apply but we do request an Emergency Contact. Click the Next Step button.

Volunteer

* Indicates a required field

Parent involvement on our swim team is not only important, but a necessity. The Mudtoads are a non-profit 100% parent-run organization. When you commit your child to swim with the MARLBANK MUDTOADS swim team you are also committing yourself to the team as a "Volunteer" parent/guardian. To meet this need, every family should expect to volunteer at a minimum of 3 shifts per swimmer. Please select a minimum of three areas where you would like to volunteer for at least one parent/guardian (you can leave others blank or fill in as appropriate), even those that require training which are marked with an * - we are always in need of trained volunteers.

Volunteer Preferences for Lisa Lynch

Enter numbers to indicate your preference, '1' for first choice '2' for second choice, etc.

At least 3 volunteer preferences required per registration *

| | |
|---|--|
| <input type="text"/> Admin Referee* (Volunteer) ⓘ | <input type="text"/> Back Up Timer (Volunteer) ⓘ |
| <input type="text"/> Clean Up (Volunteer) ⓘ | <input type="text"/> Concessions (Volunteer) ⓘ |
| <input type="text"/> Deck Referee* (Volunteer) ⓘ | <input type="text"/> Grill (Volunteer) ⓘ |
| <input type="text"/> Marshall (Volunteer) ⓘ | <input type="text"/> Ribbon Writer (Volunteer) ⓘ |
| <input type="text"/> Runner (Volunteer) ⓘ | <input type="text"/> Score Keeper* (Volunteer) ⓘ |
| <input type="text"/> Set Up (Volunteer) ⓘ | <input type="text"/> Stroke & Turn Official* (Volunteer) ⓘ |
| <input type="text"/> Sweep Judge (Volunteer) ⓘ | <input type="text"/> Timer (Volunteer) ⓘ |

Volunteer Preferences for Tom Lynch

Enter numbers to indicate your preference, '1' for first choice '2' for second choice, etc.

At least 3 volunteer preferences required per registration *

| | |
|---|--|
| <input type="text"/> Admin Referee* (Volunteer) ⓘ | <input type="text"/> Back Up Timer (Volunteer) ⓘ |
| <input type="text"/> Clean Up (Volunteer) ⓘ | <input type="text"/> Concessions (Volunteer) ⓘ |
| <input type="text"/> Deck Referee* (Volunteer) ⓘ | <input type="text"/> Grill (Volunteer) ⓘ |

In this section of the registration you will designate at least 3 volunteer preferences for at least one Parent/Guardian. Volunteer sign-ups will be communicated at a later date and you are not limited to the ones selected at registration. If you would like to know what each position entails, click on the circle i. We are especially in need of trained volunteer positions which have an *. Picking one of these now will allow our volunteer coordinator to get you the required training. At the bottom you will click Next Step.

Personal Information
Medical
Volunteer
Merchandise
Payment

Merchandise

As part of your swimmer's registration they will receive a team T-Shirt. Please select the size(s) for your child(ren).

NOTE: *The smallest we can provide is Youth Medium for the graphics to fit.*

Per-Athlete Merchandise

| Athlete name | Item | Options |
|--------------|--|-----------------|
| Katie Lynch | Team T-shirt * More info | Please select ▼ |

Next Step >

As in previous years, each swimmer will receive a Team T-Shirt. Please select the size for each registered swimmer. Take special note that even though you can select smaller than a Youth M, you will be issued a Youth M - the graphics will not fit on anything smaller. Click Next Steps.

Personal Information
Medical
Volunteer
Merchandise
Payment

Payment

* Indicates a required field

Please select your payment option and follow the provided instructions.

| Description | Qty | Amount |
|---|-----|---------|
| Registration Fee: First Athlete @ \$90.00 | 1 | \$90.00 |
| Team T-shirt Adult M @ \$0.00 (Katie Lynch) | 1 | \$0.00 |
| Total Amount Due | | \$90.00 |

Select Payment Method

Credit Card
via Stripe

Check

Pay \$90.00

to Marlbank Mudtoads with Check

Payment instructions:

Please make check payable to Marlbank Recreation Association and mail to:

Marlbank Recreation Association

PO Box 278

Yorktown, VA 23690

Make check payable to:

MRA

Checkout

There are two methods to pay, Credit Card or Check. If you chose to pay by check, you will be provided the amount and where to send.

Personal Information
Medical
Volunteer
Merchandise
Payment

Payment

* Indicates a required field

Please select your payment option and follow the provided instructions.

| Description | Qty | Amount |
|---|-----|----------------|
| Registration Fee: First Athlete @ \$90.00 | 1 | \$90.00 |
| Team T-shirt Adult M @ \$0.00 (Katie Lynch) | 1 | \$0.00 |
| Total Amount Due | | \$90.00 |

Select Payment Method

Credit Card
via Stripe

Check

Pay \$93.48

to Maribank Mudtods with **Stripe**

The payment amount includes a **Payment processing fee of \$3.48**

| | | |
|--|--|--|
| Card number | Expiration | CVC |
| <input style="width: 90%;" type="text" value="1234 1234 1234 1234"/> | <input style="width: 90%;" type="text" value="MM / YY"/> | <input style="width: 90%;" type="text" value="CVC"/> |
| Country | ZIP | |
| <input style="width: 90%;" type="text" value="United States"/> | <input style="width: 90%;" type="text" value="90210"/> | |

Submit

If you choose to pay by credit card, the processing fees will be included. You may use a credit card or Google Pay. Fill in the required information and click Submit.

Important: Activation is required to create a password and enable your account.

Please check your email and follow the directions to activate and finish setting up your account.

Thank you!

You have successfully completed Maribank Mudtods Summer Swim Registration for 2022. A confirmation email will be sent to you as well as account activation emails for each provided parent/guardian.

| | | |
|---|---|--|
| <p>Registration Details</p> <p>Registration Time: 04/21/22, 7:59 PM Registration #: 1004</p> | <p>Parents/Guardians</p> <p>Lisa Lynch Tom Lynch</p> | <p>Athletes</p> <p>Katie Lynch (17)</p> |
|---|---|--|

Order Summary

| Item | Qty | Total |
|---|-----|----------------|
| Registration Fee: First Athlete @ \$90.00 | 1 | \$90.00 |
| Team T-shirt Adult M @ \$0.00 (Katie Lynch) | 1 | \$0.00 |
| Payment processing fee @ \$3.48 | 1 | \$3.48 |
| Amount Paid | | \$93.48 |

Payment method: Stripe

After you have submitted your payment method, a summary will be provided. You will also receive two emails, one to activate your account which will not allow access until your MRA membership has been verified (and for those paying by check your swim team registration fees) and a Confirmation which will re-state where to send if paying by check and the summary - see example below:

Confirmation  Inbox x



MarlbankMudtoads <notifier+marlbankmudtoads@swimtopia.net>
to me, marlbankswim, tlynch1214

7:59 PM (0 minutes ago) ☆ ↶ ⋮

Thank you for registering as a Marlbank Mudtoad. See you at the pool May 31, 2022. Please check back to the website and watch your inbox for emails as the season gets closer. Utilize the Contact Us under the About menu with any questions you may have that are not found elsewhere on the site.

If you chose to pay by check, please make check payable to Marlbank Recreation Association and mail to:

Marlbank Recreation Association

PO Box 278

Yorktown, VA 23690

Thank you!

Registration Time: 04/21/22, 7:59 PM

Registration Number: 1004

Parent Registrations

Lynch, Lisa

Lynch, Tom

Athletes

Katie Lynch (17)

Order Summary

Welcome to the 2022 Mudtoad Season!