



Today's Date: _____

Athlete's Information

Last Name	First Name	Middle Name	Gender	Birth Date	Age
			M or F		
			M or F		
			M or F		
			M or F		

Swimmer's Home Information

Street Address: _____ City: _____ Zip: _____

Home Phone Number: _____ Primary Family E-Mail: _____

Primary E-mail Address will be used for billing. E-mails will only be used by the coaches to send out bulletins and information about the team and its functions.

Family E-Mail: _____

Family E-Mail: _____

Name of FATHER or Guardian at home: _____ Cell / Work Phone: _____

Name of MOTHER or Guardian at home: _____ Cell / Work Phone: _____

Name of Other Emergency Contact: _____ Relation: _____ Phone: _____

Please state any medical conditions or special request for each of your swimmers (allergies, etc.)

Swimmer #1 _____
(Name - Condition, write NONE to indicated no conditions)

Swimmer #2: _____
(Name - Condition)

Swimmer #3: _____
(Name - Condition)

Other Information

What School(s) does your child(ren) attend: _____

How did you here about us (Please circle all that apply): Recommended By A Current or Past Member -- If so, Who: _____

Saw a Banner

Received A Flyer

Researched Website

Local Paper

You're a Past Member



2012 SWIM TEAM OF PLACENTIA LIABILITY RELEASE AND INDEMNIFICATION FORM

I, the undersigned participant and parent, request voluntary participation for minor to participate in all events, which are hereinafter referred to as the "activities." sponsored by the Swim Team of Placentia, USA Swimming, and its local swimming committees. This agreement is valid while the participant is a member of USA Swimming.

I consent to my/minor's participation in the activities and acknowledge that the minor and I fully understand my/minor's participation may involve risk of serious injury or death, including losses which may result not only from my/minor's own actions, inactions or negligence, but also from the actions, inactions, or negligence of others, the condition of the facilities, equipment, or areas where the event or activity is being conducted, and/or the rules of play of this type of event or activity. I understand that if I have any risk concerns, I should discuss the risks associated with my participation with the activity coordinators and event staff, before I sign this document and before any activities begins.

Release – Minor's Rights:

In consideration of allowing Minor Participant to participate in the activities, I hereby release and hold harmless

The Swim Team of Placentia, USA Swimming and its local swimming committee and their members of its board of directors, officers, employees, volunteers, other participants, and agents (collectively, the "Released Parties"), of and from, and do discharge and waive, any and all claims, demands, losses, damages, and liabilities that Minor Participant may have or sustain with respect to any and all damage and/or injury, of any type, arising out of his or her participating in the activities. I also agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

Release – Parents'/Guardians' Rights:

In consideration of allowing Minor Participant to participate in this USA Swimming event, I hereby release and hold harmless the Released Parties, of and from, and do discharge and waive, any and all claims, demands, losses, damages, and liabilities that I may have or sustain with respect to any and all damage and/or injury, of any type, arising from Minor Participant's participation in the activities. I also agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

I certify that my/minor is in good health and have no physical condition that would prevent participation in this activity. Furthermore, I agree to use my/minor's personal medical insurance as a primary medical coverage payment if accident or injury occurs. I consent to emergency medical treatment in the event such care is required.

Indemnification by Parent/Guardian:

The undersigned parent/guardian further agrees to indemnify, save and hold harmless the Released Parties from any and all claims, demands, losses, damages and liabilities for indemnities, contribution or otherwise with respect to any damage and/or injury, of any type, arising from Minor Participant's participation in the activities. The undersigned also agrees that this Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement extends to all acts of negligence by the Release and is intended to be as broad and inclusive as is permitted by the laws of the State in which the Event(s) is/are conducted and that if any portion thereof is held invalid, it is agreed that the balance shall, not withstanding, continue in full legal force and effect.

(Print name of Parent/Guardian)

(Signature of parent)

(Date)



2012 AGREEMENT BETWEEN PARENT/GUARDIAN/FAMILY AND THE SWIM TEAM OF PLACENTIA'S BOARD OF DIRECTORS

The Swim Team of Placentia ("STOP") is a non-profit corporation formed for the benefit of the athletes who participate on STOP. This organization cannot continue to operate without the participation of the families and/or support group of each swimmer. When the families of the team cooperate, the duties of running the team are shared by everyone. Joining STOP requires a commitment from each family to provide its fair share of assistance in order to have a successful and smooth running organization. Be advised that by joining STOP, you have agreed to the terms and conditions of this commitment.

PAYMENT OF DUES:

Dues and invoiced meet fees are to be paid by the 1st of the month of participation. If dues are not paid by the end of the 10th, a \$25 Late Payment Fee will be assessed to the family account and the swimmer will be suspended until the entire balance on the account is paid in full. Invoices are generated on a quarterly basis, not monthly. Families who choose to pay monthly are responsible for making their monthly payments without receiving an invoice.

PART-TIME RATE OPTION (SEPTEMBER – NOVEMBER & DECEMBER – FEBRUARY)

During the described quarters, swimmers have the option to participate on a PART-TIME basis at a rate of \$195 per quarter. Swimmers who choose the Part-Time Quarter Rate may attend 2 days of practice per week. Families must pay the entire quarter and may not break the Part-Time Rate payment into monthly option. Once the Quarter starts, the entire Quarterly Dues payment is non-refundable.

DISCONTINUING OR SUSPENDING PARTICIPATION

In the event that a family would like to discontinue or suspend their participation, written notification by the 20th of the previous monthly, to Coach Devon is required. Families may give notice by written note or by e-mail.

REGISTRATION FEES:

Every swimmer must maintain a current registration with Southern California Swimming to participate in practices or any swim function.

STOP HOSTED SCS SWIM MEETS:

At the STOP hosted SCS swim meet, each family is obligated to do one of the following:

- 1) Cover two shifts of work during the swim meet as set up by the Meet Coordinator.
- 2) Pay \$50 per shift not worked. Failure to participate will result in a fee owed by the family of fifty dollars (\$50) for each missed shift.

Meets are usually held in November and April, but may change from year to year. Families enrolled on the team during the month prior, and the month of the meet, are subject to this obligation.

STOP PARTICIPATION MEETS:

At each event participated by STOP, in which STOP is required to fulfill job assignments during the meet, each families participating in the meet agrees to work their portion as assigned to them by the coach in charge. Failure to do so will result in a fee owed by the family of twenty-five (\$25) for each assignment.

By Signing this form, I agree to policies outlined above.

Family Name

Signature

Date



2012 SWIM TEAM OF PLACENTIA RULES AND CODE OF CONDUCT AGREEMENT

The governance of the environment must exist in a way that will provide an opportunity for the goals of the team to be accomplished, and must take precedent over the conveniences of its members. The coaches are responsible for creating, managing, and controlling the environment in such a way that all swimmers can have a safe and positive experience. By signing below, you are acknowledging that you have read and understand the rules described in this document.

COACHES:

All family members and their swimmers must respect the authority of the Coaches and adhere to the rules, procedures and policies presented by them.

TEAM:

Swimmers and their family members must protect the image and reputation of the team and may not act or present themselves in a way that may tarnish or bring negative attention to the team or its members.

POOL DECK:

- 1) All spectators are required to sit in the designated bleachers while on the pool deck.
- 2) Spectators may not walk on the East side (tennis court side) of the pool deck as this area for swimmers and coaches only.
- 3) Spectators need to avoid, or at least limit, talking to coaches during practice time. Coaches will make themselves available the first 10 minutes of each practice group and immediately following each practice group.
- 4) Spectators may not approach or have direct communication with their athletes during practice. If a spectator needs to speak to a swimmer during practice, they need to approach the coach and get permission first.
- 5) Parents are responsible for spectators not in the water. Please maintain supervision of siblings or your swimmers who are not currently in the water.
- 6) Swimmers must be picked up within 10 minutes of the end of practice. A Late Pick-Up fine of \$10 will be assessed if coaches must stay longer than 10 minutes past the last practice for the day, and \$10 for each additional 10 minutes after that.
- 7) Families may not bring animals onto the pool deck

SCHOOL:

All families must follow the rules and policies of the host school and the Placentia Yorba Linda Unified School District. At no time may STOP families drive onto school grounds outside of the designated parking lot.

SWIM MEETS:

Family members may not approach swim meet referees or administration staff without the consent of the coach in charge.

By signing this form, I agree to the policies listed above.

Family Name

Signature

Date