

SOUTH SHORE SAILS SWIMMING



SOUTH SHORE SAILS REGISTRATION AGREEMENT

Please fill out and return the following:

- 1) Registration Information Page
- 2) Non-TFC Member Account Application for Swim Team (for auto-draft)
- 3) Code of Conduct for Swimmers and Parents Page w/ signature (one per swimmer)
- 4) Release of Liability Page w/ signature (one per swimmer)
- 5) Medical Information and Emergency Release Page w/ signature (one per swimmer)
- 6) T-shirt Order Form (one free per swimmer, first year only)
- 7) Gulf Swimming Athlete Transfer Form (if swimmer belonged to another USA-S Team)
- 8) Gulf Swimming Athlete Registration Application (if swimmer needs to renew or join USA Swimming)

Please include the following payment:

- 1) Annual Team Registration Fee of \$140 due beginning of short course season or at time of joining.
- 2) If joining for **summer only**, a prorated Annual Team Registration Fee of \$100 will be due at time of joining.
- 3) Practice Group Fees vary, confirm with Head Coach for swimmer's placement.
- 4) T-shirt Order Payment, if ordering extra, \$20 each + tax.

Please return all forms and payment made payable to The Fitness Center at South Shore Harbour - [Attn: Michelle Johnson](mailto:Michelle.Johnson@southshoresails.com) (281)-334-2560

Welcome to the South Shore Sails!

**Matt Troquille
Head Coach
(281) 334-2560**

**southshoresails@southshorefitness.com
www.southshoresails.com**

I. REGISTRATION INFORMATION

Fitness Center Member Charge Fees to Account Member #: _____ (For Office Use)

FAMILY NAME: _____
Last Mother Father

ADDRESS: _____
Street

City State Zip E-mail Address

PHONE: _____ / _____ / _____
Home Father's Work Mother's Work Cell Phone

SWIMMER #1

NAME _____
Last Middle First

NICKNAME: _____ BIRTHDAY ____/____/____

AGE: _____ Returning New (Please check one) GENDER: Female Male

SWIMMER'S SCHOOL _____ GRADE _____

GRAD YR: _____

Swimmer #1 Team Level Assignment: _____ (for coach/office use only)

SWIMMER # 2

NAME _____
Last Middle First

NICKNAME: _____ BIRTHDAY ____/____/____

AGE: _____ Returning New (Please check one) GENDER: Female Male

SWIMMER'S SCHOOL _____ GRADE _____

GRAD YR: _____

Swimmer #2 Team Level Assignment: _____ (for coach/office use only)

SWIMMER # 3

NAME _____
Last Middle First

NICKNAME: _____ BIRTHDAY ____/____/____

AGE: _____ Returning New (Please check one) GENDER: Female Male

SWIMMER'S SCHOOL _____ GRADE _____

GRAD YR: _____

Swimmer #3 Team Level Assignment: _____ (for coach/office use only)

Non-TFC Member Account Application for Swim Team

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Last Name

First Name

M.I.

Male

Female

Marital Status

Date of Birth

Address

City

State

Zip

Email Address

@

Home Phone #

Cell Phone #

Swimmer #1 Name

Age

Dev ___ Level 1 ___ Level 2 ___ Level 3 ___ Senior Grp ___ Comp Grp ___ Master's ___

Swimmer #2 Name

Age

Dev ___ Level 1 ___ Level 2 ___ Level 3 ___ Senior Grp ___ Comp Grp ___ Master's ___

Swimmer #3 Name

Age

Dev ___ Level 1 ___ Level 2 ___ Level 3 ___ Senior Grp ___ Comp Grp ___ Master's ___

Swimmer(s) Emergency Contact Name & Phone #

OFFICE USE ONLY

Prospect #

Date Entered

Level & Rep Verified w/Coach

Authorization Agreement for Automatic Deposit/Debit

I (we) _____ hereby authorize The Fitness Center At South Shore Harbour, hereinafter called Company, to initiate credit/debit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) **Credit/Debit Card** _____ **Checking** _____ **Savings** _____ (select one) indicated below and the depository name below, hereinafter called Depository, to credit and or debit the same to such account.

If using a checking or savings account, we must have a VOIDED check

Bank Name

Account #

Routing #

If using a credit/debit card, check card type below

Visa **MasterCard** **Discover**

Card #

Expiration Date

Full Name (as it appears on card)

Billing Address

City

State

Zip

I (we) _____, agree for the debit above to be used for swim team monthly dues. I (we) understand that if my swimmer(s) level changes, my automatic draft amount will change to the new levels dues amount. I understand that it is my responsibility to keep track of all swim dues/charges.

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Signed

Date

I (we) _____ hereby authorize The Fitness Center At South Shore Harbour, hereinafter called Company, to charge all swim team fees and dues to the account listed above, until I (we) terminate, in writing this request. I (we) understand that (I) we will not be contacted each time these charges take effect, and it is my (our) responsibility to know what each individual swim meet fee will be.

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Signed

Date

AGREEMENT

The undersigned parent, swimmer and the South Shore Sails (SSS) agree as follows:

(ALL FEES AND RATES ARE SUBJECT TO CHANGE)

1. **Fitness Center Membership:** Parents and swimmers are invited to become a member of THE FITNESS CENTER AT SOUTH SHORE HARBOUR (TFC). Fees are determined by TFC. Discounted swim team fees do apply to TFC members.
2. **Registration.**
 - (a) An annual team registration of \$140 per swimmer will be due September 1st. If the Swimmer joins mid season registration will be due in full at time of registration. If swimmer joins for only Short Course or Long Course then the fee will be prorated and due at registration. All payments shall be made to THE FITNESS CENTER AT SOUTH SHORE HARBOUR.
 - (b) Registration includes: Team Cap, Team T-shirt (1st year only), and USA Swimming Registration.
 - (c) **An annual Long Course fee of \$100 will be due April 1st.** If the Swimmer joins after April the fee will be prorated.
 - (d) 100% refundable within 5 Business days of the registration.
3. **Dues.**
 - (a) In consideration of the participation of the swimmer(s) in SSS's competitive swim program, the Parent agrees to pay the dues for the Swimmer's practice level that are set forth under **Practice Group Fees**. Payment shall be made on a monthly basis. Monthly payment of dues shall be due and payable on the first day of each month. Dues may be prepaid at any time. All swim team members must have an auto-draft account set up at Fitness Center (pg 3-4). This will help to ensure that there is a record of all payments. **All payments shall be made to THE FITNESS CENTER AT SOUTH SHORE HARBOUR.**
 - (b) If the Swimmer is transferred to a different practice team by the coaching staff, the difference in dues for the two practice levels shall be prorated for the month.
 - (c) If the Swimmer quits, leaves for a period of time or is unable to continue participation in the program, a **30-day written notice** must be sent to the head coach and Swim Team Administrator. The Swimmer is obligated to pay the dues installment for the month in which the Swimmer withdraws from the program. (*Withdrawal effective date is 30-days from receipt of written notice.*) Annual Team Registration payment will not be refunded. A \$25 re-activation fee will be access to any swimmer who returns during the same USA calendar swim season (Short Course and/or Long Course).
 - (d) **LEAVE OF ABSENCE:** Must receive a 30-day written notice of absence, Membership may be on freeze **at least 2 months, no more than 12 months. 20+ tax pre-paid per month a minimum of \$43.20** that must be paid at the time the form is completed and turned in. (LEAVE OF ABSENCE due to injury will be made effective the date of receipt of Doctor's Explanation of Injury and Treatment. Doctor's release must be submitted to return from LEAVE OF ABSENCE.)
 - (f) If the monthly dues payment is not received in full by the 15th of the month, a late fee of \$10 per month will be assessed to the family's dues account.
4. **Practice Group Fees.** *(EFFECTIVE 07/01/2017) Rates are subject to change.*
 - (a) Developmental: \$60/month for fitness center members, \$90/month for non-members
 - (b) Level 1: \$75/month for fitness center members, \$110/month for non-members
 - (c) Level 2: \$95/month for fitness center members, \$135/month for non-members
 - (d) Level 3/TechFit: \$105/month for fitness center members, \$150/month for non-members
 - (e) Seniors: \$125/month for fitness center members, \$175/month for non-members
5. **Group Guidelines.** To help you understand what our expectations will be we have developed these guidelines. We will use these to help us determine what group you will swim in. These are not rules and they can be adjusted to suit your individual needs and goals in swimming. These guidelines will assist us in promotions from group to group and setting the direction in each group. Groups are ultimately left to the decision of the coaching staff.

PRACTICE GROUPS Standards– THESE ARE NOT SAILS MOVE UP GUIDELINES

Level determination will be done by the Coaching Staff based on their evaluation of the swimmer and experience of the swimmer. It is our goal to place the swimmer in the best group that fits your swimmer's needs and growth potential for the long term.. Note: Time Standards are subject to change.

Group Guidelines

Starting 8/20/18

Developmental 1 – Recommended Age: 5 (45 mins / 5 x Week)

1. The swimmer wants to learn about swimming.
2. The swimmer is learning the proper technique for all four strokes
3. The swimmer is able to perform a 25 Freestyle without outside attendance.
4. The swimmer wants to have fun swimming!

Developmental 2 – Recommended Age: 7 (45 mins / 5 x Week)

1. The swimmer has the desire to improve their swimming.
2. The swimmer is able to legally perform 25s of ALL FOUR competitive strokes.
3. The swimmer performs open turns and learning flip-turns.
4. The swimmer is able to push off underwater in streamline and hold their streamline position for one and half body lengths underwater.
5. The swimmer knows proper lane etiquette, circle swimming, ready positions, reading a clock and keeping pace.
6. The swimmer understands that he or she is part of a team and has respect for his or her teammates.
7. The swimmer listens to recommendations from the coach and tries to make the appropriate changes.
8. The swimmer understands appropriate team rules and the consequences of breaking the rules.
9. The swimmer is able to complete an hour long practice session.
10. The swimmer completes sets without fail. (i.e. walking on bottom, counting accurately)
11. The swimmer gives the coach his or her undivided attention while the coach is talking. The swimmer should focus his or her eyes on the coach and remain quiet when the coach is talking.
12. The swimmer will also follow directions set forth by the coach in practice.
13. The swimmer has completed the Racing Start Progression

Level 1 – Recommended Age 7-12 (1-1.5 Hr, 5 x Week)

1. The swimmer has the desire to improve their swimming.
2. The swimmer knows what time standards are and is striving to achieve “B” times.
3. The swimmer is a leader in workouts (lead lanes) and in stretching and exercises.
4. The swimmer encourages themselves and others to work harder. They have a positive attitude about swimming.
5. The swimmer can legally perform 50s of all four competitive strokes as well as a 100 IM.
6. The swimmer can adjust to the conditions that surround them (leaky goggles, cold water, lane etiquette, reading the clock).
7. The swimmer demonstrates an understanding of sportsmanship behavior (e.g., doesn't throw goggles, congratulates opponents).
8. The swimmer will treat teammates, parents, and coaches with respect.
9. The swimmer talks to the coach immediately before and after each race.
10. The swimmer knows basic meet procedures including how to use and read a heat sheet.
11. The swimmer can perform a legal racing start for every stroke.

12. The swimmer takes pride in being a member of the team, which the swimmer demonstrates by
 - a. participating in team cheers,
 - b. knowing the coaches' names, and
 - c. cheering on teammates during swims (practice or meets)
 - d. Wearing team attire.
14. The swimmer will know the name of any other training group on the team besides his or her own group.
15. The swimmer attends the recommended meets and understands the importance of being on time and warming up.

Level 2 – Recommended Age 9-13 yr old (1.5 Hrs/ 6 x Week)

1. The swimmer has the desire to improve their swimming.
2. The swimmer can legally perform 100s of all four competitive strokes as well as 200 IM/500 FR
3. The swimmer should understand the importance of goal setting and understand what goes into achieving set goals.
4. The swimmer can perform a legal breaststroke pullout with dolphin kick.
5. The swimmer can perform effective finishes for all four strokes.
6. The swimmer understands the importance of concentration in practice and meets and can regularly recognize a faulty focus and bring self back to a proper focus.
7. The swimmer knows best times for practice and meets
8. The swimmer sets and writes process and outcome goals
9. The swimmer is able to accept criticism from the coach.
10. The swimmer understands that criticism is a critique of skills not a critique of an individual.
11. The swimmer can complete a 30 min drylands session.
12. The swimmer attends the recommended attendance requirements and meets
13. The swimmer completes exit level test set to the necessary requirements.

Level 3 – Recommended Age 11-14 yr old (1.5-2 hrs/ 6 x Week)

1. Swimming is a HIGH PRIORITY in your life.
2. 2A.12 & Unders must have 2 11-12 “AA” times
2B. 13 & Overs must have 2 13-14 “A” times
3. The swimmer can legally perform 200s of all four strokes as well as 400 IM/500 FR
4. The swimmers must be able to maintain the recommended training group average pace.
5. The swimmer is a leader in workouts (lead lanes).
6. The swimmer demonstrates good sportsmanship by helping the younger swimmers to work harder. They have a positive attitude about swimming.
7. The swimmer is learning about their potential capabilities by accepting and working towards achieving the challenges before themselves.
8. The swimmer is in control of the factors that operate your body (eating and sleeping habits).
9. The swimmer is able to operate in the proper training environment.
10. The swimmer understands the importance of time management and completes all their work in a time efficient matter.
11. The swimmer understands the role of failure and the importance of learning from one's mistakes; understands that this is essential to becoming a champion.
12. The swimmer knows the difference between focusing on what's important and what's not.
13. The swimmer understands the relationship between distance per stroke, stroke rate, and swimming speed.
14. The swimmer is not influenced by the negative behavior of his or her teammates.
15. The swimmer understands and takes responsibility for attendance, performance, and habits in practice and how these three relate to meet performance.
16. Swimmer understands the traits of a positive leader and endeavors to become one.
17. The swimmer can complete a 30 min dry land session.

TechFit – Recommended Age: 13 & Over (1.5-2 hrs/ 6 x Week)

1. The swimmer has desire to improve their swimming
2. You should be able to legally perform 100s of at least 2 competitive strokes as well as know the basics of all 4 strokes and IM.
3. The swimmer is in control of the factors that operate your body (sleep, nutrition and psychological preparation).
4. The swimmer is motivated to operate in the proper training environment as a young adult and be responsible for yourself.
5. The swimmer demonstrates good sportsmanship by helping your teammates reach their goals by your positive encouragement and actions.
6. The swimmer has the support of their family to help them reach Senior Level performance. This includes providing them the opportunity to be a responsible and dedicated member of the Dolphin group.

Senior Group - Recommended Age: 14 & Over (1.5-2 hrs/ 6 x Week)

1. Swimming is a very high priority in your life - striving for personal excellence and Senior level performance.
2. The swimmer is able to handle time management of your swim practices and schoolwork.
3. 3A.13& Overs (8th Grade) MUST HAVE 3 15-16 “AA” Times
4. 3B.13& Overs (High School) MUST HAVE 3 15-16 “A” Times
5. The swimmer must be able to maintain the recommended training group average pace.
6. The swimmer is in control of the factors that operate your body (sleep, nutrition and psychological preparation).
7. The swimmer is motivated to operate in the proper training environment as a young adult and be responsible for yourself.
8. The swimmer demonstrates good sportsmanship by helping your teammates reach their goals by your positive encouragement and actions.
9. You should have the support of your family to help you reach Senior Level performance. This includes providing you the opportunity to be a responsible and dedicated member of the Senior Group.

** ALL MOVE UPS ARE BASED ON COACHES DISCRETIONS*

5. **Attendance.** Minimum attendance is encouraged to receive the full benefit of our swim program. If a swimmer will not be in attendance, please let the coach of that practice group know. Your swimmer's safety is our number one concern. Below is a guideline to follow to see a natural progression in your swimmer's ability without falling behind.
- (a) Developmental: Encouraged to make as many practices as possible.
 - (b) Level 1: 75% monthly attendance is encouraged.
 - (c) Level 2: 80% monthly attendance is encouraged.
 - (d) Level 3: 80% monthly attendance is encouraged.
 - (e) Senior Group: 80% monthly attendance is encouraged.
6. **Suspension.**
- (a) If the monthly dues payment is not received in full by the last day of the month, a notice of delinquency will be sent. If Parent shall fail to pay any delinquent dues or assessment, including late fees, within 14 days from the date of written notice of delinquency, the Swimmer shall be suspended from further participation in all SSS activities, including, but not limited to, practices and meets.
 - (b) If Parent becomes delinquent in payment of dues or assessments because of financial hardship, he/she may apply to the Head Coach for a waiver of late fees and suspension. A waiver may be granted by SSS if satisfactory arrangements are made for payment of the delinquent amounts.
7. **Swim Meets.** Meet fee surcharge will be added to all meet entries.
8. **Team Assignments.** The assignment of the Swimmer(s) to a practice team shall be the decision of the coaching staff. An assignment will only be modified between swim seasons (short course and/or long course). Increase in fees will apply at time of movement. Swimmers are typically assigned to a level for at least on calendar year.

INFORMED CONSENT AND ASSUMPTION OF THE RISK:

By signing this Agreement, I admit that I am considering voluntarily participating in fitness programs sponsored by THE FITNESS CENTER AT SOUTH SHORE HARBOUR, which may include, but not necessarily be limited to, Boot Camp, TFCX, Extreme Cycling, and other exercise programs which may involve strenuous effort. I am FULLY aware that the fitness programs/classes which THE FITNESS CENTER AT SOUTH SHORE HARBOUR offers and in which I, the undersigned, desire to participate in are of a nature and kind that are extremely strenuous and can/may push me to the limits of my physical abilities. I, the undersigned, recognize and understand that the programs/classes are not without varying degrees of risk which may include, but are not limited to, the following:

Injury to the musculoskeletal and/or cardio respiratory systems which can result in serious injury or death, injury or death due to negligence on the part of myself, my training partner, or other people around me, injury or death due to improper use or failure of equipment, or injury or death due to a medical condition, whether known or unknown by me. I am aware that any of these above mentioned risks may result in serious injury or death to myself and or my partner(s).

I willingly assume full responsibility for any and all risks that I am exposing myself to as a result of my participation in programs/classes offered by THE FITNESS CENTER AT SOUTH SHORE HARBOUR. I also accept full responsibility for any injury or death that may result from participation in any activity, class or physical fitness program.

I hereby certify that either (i) I know of no medical problems that would increase my risk of illness and injury as a result of participation in a fitness program designed by, offered by, or endorsed by THE FITNESS CENTER AT SOUTH SHORE HARBOUR or (ii) if, to my knowledge, any medical conditions exist as of the date of this agreement or subsequent to the same, I assume and understand any increased physical risk resulting from said condition for any activity at THE FITNESS CENTER AT SOUTH SHORE HARBOUR.

THE FITNESS CENTER AT SOUTH SHORE HARBOUR informed me that there exists the possibility of adverse physical changes during an exercise program, and I fully understand the same. THE FITNESS CENTER AT SOUTH SHORE HARBOUR informed me that these changes could include abnormal blood pressure, fainting, disorder of heart rhythm, stroke, and in very rare instances, heart attack or even death, and I fully understand the same. With my FULL understanding of the above information, I agree to assume any and all risk associated with my participation in THE FITNESS CENTER AT SOUTH SHORE HARBOUR fitness programs/classes.

RELEASE AND INDEMNIFICATION:

I UNDERSTAND THAT I WILL WAIVE IMPORTANT RIGHTS IF I ACCEPT THESE TERMS. I HAVE READ THE TERMS OF THIS RELEASE CAREFULLY BEFORE SIGNIFYING MY ACCEPTANCE.

In full consideration of the above-mentioned risks and hazards and in full consideration of the fact that I am willingly and voluntarily participating in the activities made available by THE FITNESS CENTER AT SOUTH SHORE HARBOUR, and with my full understanding of all of the above, I hereby **WAIVE, RELEASE, REMISE, DISCHARGE, DEFEND AND INDEMNIFY** THE FITNESS CENTER AT SOUTH SHORE HARBOUR, 1859-Historic Hotels, Ltd., American National Insurance Company and their respective agents, owners, officers, directors, principals, employees, property managers and volunteers (“Released Parties”) of any and all liability, claims, demands, action or rights of action, or damages of any kind related to, arising from, or in any way connected with my participation in THE FITNESS CENTER AT SOUTH SHORE HARBOUR fitness programs, classes or activities, whether individually or in an organized group, including any liability, claims, demands, action or rights of action, or damages allegedly attributed to the negligence of the Released Parties.

IT IS MY INTENTION TO RELEASE AND EXEMPT THE RELEASED PARTIES FROM ANY AND ALL LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY THE STRICT LIABILITY OR NEGLIGENCE, INCLUDING THE JOINT OR CONCURRENT NEGLIGENCE OF THE RELEASED PARTIES, ANY MEDICAL PROVIDER OR ANY OTHER THIRD PARTY.

Should any of the Released Parties be required to incur attorney’s fees and costs to enforce this agreement, I agree to reimburse them for such fees and costs. I further agree to **INDEMNIFY AND HOLD HARMLESS** the Released Parties from liability for the injury or death of any person(s), including myself, and damage to property that may result from my negligence or intentional act or omission while participating in activities offered by or at THE FITNESS CENTER AT SOUTH SHORE HARBOUR.

SIGNATURES:

I have CAREFULLY read this Agreement, I FULLY understand this Agreement and am FULLY and COMPLETELY aware of the potential dangers incidental to attending and/or participating in the any and all, whether group or individual, activities provided by THE FITNESS CENTER AT SOUTH SHORE HARBOUR, and am FULLY aware that by signing this Agreement I am WAIVING valuable legal rights. **I UNDERSTAND THAT THE TERMS OF THIS AGREEMENT ARE CONTRACTUAL AND NOT A MERE RECITAL AND THAT I HAVE SIGNED THIS RELEASE AS MY OWN FREE ACT.**

Cancellation of this membership requires a 30-day written notice (after 12 month contract has expired, **if applicable**). The member is responsible for all charges, including monthly dues, through the effective date of cancellation, even if they do not use the facility. If a membership is cancelled, for whatever reason, the person(s) must pay the standard rate to rejoin. Memberships are not transferable. **Membership termination is NOT complete until you receive an email confirmation. If you DO NOT receive an email confirmation, please contact the billing office, in a timely manner, to verify we have received your request to cancel.**

Swimmer Signature 1

Swimmer Signature 2

Swimmer Signature 3

Parent or Guardian Signature

Date

Timing Shift Policy

All families attending any meet will be required to help with timing assignments. Depending on the number of chairs we are assigned to fill, families will be required to fill a minimum 1 chair per family or, if needed, 1 chair per swimmer entered. Timing slots may range from 30 minutes to 2 hours depending on the length of the meet, but will typically be 1 hour. The timing will be assigned by the team admin and emailed out as soon as the timeline and timing assignments have been posted by the host team to Gulf Swimming (typically Monday or Tuesday of the meet week). In addition, anyone who does not show for their timing slot must arrange for a replacement. Failure to do so will result in a \$50 fine.

Timing Shift Explanation

Timer

**If we know, prior to assigning shifts, that someone is not coming, we will not assign them*

- Once timing shifts are posted, it is the responsibility of each timer to find a replacement if needed
- You are welcome to switch shifts or find a replacement
- There will be a \$50 fee assessed for not timing or finding a replacement to cover your assigned shift
- Typically one timing shift per swimmer may be assigned
- Typically the shifts are one hour

Point Focal

- The point person is there to insure all assigned timers are available to cover timing shifts
- A point will be assigned to a meet or by each session of a meet.
- *The point focal will help find replacement in the event of the assigned timer does NOT find a replacement*
- *In rare circumstances focal may have to cover for a no show*

**If you have an emergency, i.e. injury/illness and have to leave the meet prior to your shift, please contact the point person and they will help get your shift covered*

Backups

- *All unassigned swim families will be placed on the backup list. These names are provided in case you need a backup.*

Officials

- Will not be assigned a timing shift if they are officiating the meet
- Must sign up on the Gulf Website and Sails job sign up
- If they are not signed up to officiate then they may still be assigned a timing shift if needed.

Parent or Guardian Signature

Date

MEDICAL INFORMATION & EMERGENCY RELEASE -

Swimmer's Name _____

Parents' Names: _____

Home Phone: _____ Parent's Work Phone: _____ Cell Phone: _____

1. In the space provided below, list any pertinent health or medical information and instructions or special problems (allergies, tetanus booster dates, drug allergies, asthma, prescriptions, etc.)

2. Aside from yourselves, (the parents of the Swimmer), please indicate (in order), those individuals that you would like the coaches to contact should there be an emergency involving your child:

I (we) hereby give our permission for _____ to participate in practice and travel when necessary, with the SOUTH SHORE SAILS to local and out-of-town meets throughout the current swim season. Although I expect all reasonable safety procedures to be followed, I will not hold the coaches of SSS nor any chaperone or volunteer working with or traveling with the group personally liable for any accident, which may occur.

In case of a minor emergency (cuts, scratches, headache, etc.), I (we) give permission to the coaches or chaperones to treat these, as they deem necessary. In the event of a more serious emergency, I give permission for it to be handled in the best manner as determined by the chaperones or coaches of SSS until I am able to be contacted.

TO THE ATTENDING PHYSICIAN OR HOSPITAL:

Permission is hereby granted for you at the discretion of the coaches or chaperons of SSS to perform whatever care is necessary for the welfare of my child until such time as you are able to reach me personally.

INSURANCE INFORMATION (must be complete)

Subscriber's Name (parent): _____

Insurance Company: _____

ID # _____

Group # _____

Insurance Coverage (i.e. medical, dental): _____

Insurance authorization phone number: _____

Preferred local hospital: _____

Parent or Guardian Signature _____ **Date** _____

IMPORTANT: \$90 USA Registration is included within the Team Registration fee.



USA SWIMMING

**2019 ATHLETE REGISTRATION APPLICATION
LSC: GULF SWIMMING**

PLEASE PRINT LEGIBLY ● COMPLETE ALL INFORMATION:

LAST NAME _____ LEGAL FIRST NAME _____ MIDDLE NAME _____

PREFERRED NAME _____ DATE OF BIRTH (MM/DD/YY) _____ SEX (M/F) _____ AGE _____ CLUB CODE _____ NAME OF CLUB YOU REPRESENT _____

(Bill, Beth, Scooter, Liz, Bobby)
 GUARDIAN #1 LAST NAME _____ GUARDIAN #1 FIRST NAME _____ GUARDIAN #2 LAST NAME _____ GUARDIAN #2 FIRST NAME _____
If not affiliated with a club, enter "Unattached"

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

AREA CODE _____ TELEPHONE NO. _____ FAMILY/HOUSEHOLD E-MAIL ADDRESS _____

U.S. CITIZEN: YES NO
 ARE YOU A MEMBER OF ANOTHER FINA FEDERATION? YES NO
 IF YES, WHICH FEDERATION: _____

OPTIONAL

DISABILITY:
 A. Legally Blind or Visually Impaired
 B. Deaf or Hard of Hearing
 C. Physical Disability such as amputation, cerebral palsy, dwarfism, spinal injury, mobility impairment
 D. Cognitive Disability such as severe learning disorder, autism

RACE AND ETHNICITY (You may check up to two choices):
 Q. Black or African American
 R. Asian
 S. White
 T. Hispanic or Latino
 U. American Indian & Alaska Native
 V. Some Other Race
 W. Native Hawaiian & Other Pacific Islander

MAKE CHECK PAYABLE TO:
 Your Club Team

MAIL APPLICATION & PAYMENT TO:
 Your Club Team

HAVE YOU REPRESENTED THAT FEDERATION AT INTERNATIONAL COMPETITION? YES NO

2019 REGISTRATION FEE	
Sept. 1, 2018 through Dec. 31, 2019	
USA Swimming Fee	\$60.00
LSC Fee	\$30.00
TOTAL DUE	\$90.00

HIGH SCHOOL STUDENTS – Year of high school graduation: _____
 YEAR LAST REGISTERED: _____ IF YOU REGISTERED WITH A DIFFERENT USA SWIMMING CLUB IN 2018, ENTER THAT CLUB CODE: _____ LSC CODE: _____ AND THE DATE OF YOUR LAST COMPETITION REPRESENTING THAT CLUB: _____

Check if you would like to learn more about the USA Swimming Foundation's initiatives
 Check if you would like to receive the electronic USA Swimming Newsletter (must be 13 years of age or older)

SIGN HERE x _____ **SIGNATURE OF ATHLETE, PARENT OR GUARDIAN** _____ **DATE** _____ **REG. DATE/LSC USE ONLY** _____

Please contact Michelle Johnson (southshoresails@southshorefitness.com) for a USA Transfer form

RETURN TO: Michelle Johnson

South Shore Sails Swim Team

Check or Charge to Fitness Center Account

Please **print** this form and return with your check payable to:

The Fitness Center at South Shore Harbour
 3000 Invincible Circle
 League City, TX 77573

Please allow 3-4 weeks for delivery

1 Free T-shirt per swimmer included with first year payment of Team Annual Registration



T-Shirt	Total # of YOUTH T- Shirts					Totals	
White with logo	m__	l__	xl__			\$20 ea. =	
T-Shirt	Total # of ADULT T- Shirts					Totals	
White with logo	s__	m__	l__	xl__	xxl__	\$20 ea. =	
						Subtotal =	\$0.00
						Tax@ 8.25%	0
						Grand Total	\$0.00

Your Name: _____

Address: _____

City, State, Zip: _____

Phone # (in case we need to contact you): _____

SWIMMER - TEAM CODE OF CONDUCT

I, _____, as a member of South Shore Sails Swim Team, am part of a swimming family that believes teamwork, integrity, respect, and good sportsmanship are what build my character. By signing this **Code of Conduct**, I agree to follow these rules for behavior and sportsmanship while I am a member of the Sails family.

1. I promise to show respect and common courtesy at all times to my team members, coaches, competitors, officials, parents, and for all facilities and other property used during practices.
2. I promise to demonstrate good sportsmanship during all practices, competitions and team activities.
3. I will be an active participant in all team practices, competition, cheering, (this means...support your team mates) and team activities.
4. I will respect the coaches and officials instructions and will make every effort to be on time for workouts and meets. If I am going to be late, I will call one of the coaches to let them know.
5. I will refrain from foul language, violence, bullying, dishonesty, theft, and all other inappropriate behaviors.
6. I will not use the South Shore Sails Swim Team name or make negative comments regarding the team on my social media accounts, nor will I target any person, whether on my team or any other team, in a negative manner on my own account.

Violation of the Code of Conduct

The coaches have the power to impose the following penalties for violation of the South Shore Sails Swim Team Code of Conduct. The penalties include but are not limited to the following:

1. Swimmer will be given a verbal warning.
2. The swimmer will be sent home with a written warning and the coach will contact the parent.
3. The swimmer will need to be accompanied by the parent during practice times for four consecutive practice sessions.
4. If the swimmer continues his/her behavior, he/she will be suspended from the team.

This Code of Conduct is a shorter version of the GULF Code of Conduct which we are all required to follow (www.gulfswimming.org) any violation of the Gulf Code of Conduct or this document will be reason for termination from the team.

I am representing South Shore Sails Swim Team. I am proud of that..... I am proud of our team.

I am expected to show that pride by acting in accordance to these guidelines at all practices, meets, and HOTELS.

I agree that if I violate any of these rules, I will be subject to the disciplinary actions determined by the coaches which may include expulsion from the team.

Swimmer – printed name

Date

Swimmer's Signature

Parent/Guardian's Signature

Date

SOUTH SHORE SAILS SWIMMING

Directory Consent Form

Directory information is defined as and includes: A Swimmer's name, telephone listing, and e-mail address.

If you do not want your Swimmer's directory information disclosed, please indicate below on this form and return it to **Michelle Johnson**

Name

E-mail

Cell Phone Number

I DO want my Swimmer's directory information disclosed.

I DO NOT want my Swimmer's directory information disclosed.

Parent Name

Parent Signature

Date