



Wildwood Crest Dolphin Swim Team
**CONSENT FOR MEDICAL/SURGICAL/
EMERGENCY TREATMENT and CHILD'S
MEDICAL INFORMATION**

In presenting my son/daughter for diagnosis and treatment I _____
Guardian/Parent

for _____
Swimmer

who is _____ years of age; hereby voluntarily consent to the rendering of such care, including diagnostic procedures, surgical and medical treatment, and blood transfusions, by authorized members of the hospital staff or their designees, as may in their professional judgment be necessary.

I hereby acknowledge that no guarantees have been made to me as to the effect of such examinations or treatment on child's condition.

I have read this form and certify I understand its contents.

I hereby give my consent to *The Wildwood Crest Dolphin Swim Team*

who will be caring for my child _____
Swimmer's Name

for the period of *September 2009 through August 2010* to arrange for routine or emergency medical/dental care and treatment necessary to preserve the health of my child. I acknowledge that I am responsible for all reasonable charges in connection with care and treatment rendered during this period.

Parent/Guardian _____

Address _____

Telephone # _____ Cell # _____

Name & Telephone # of adult who can be contacted if you are unavailable _____

Family Physician Name & Telephone # _____

Child's Allergies _____

Date of last tetanus booster _____

Prescription medicines child is taking _____

Parent/Guardian Signature _____ Date _____

Witness Signature _____ Date _____



Wildwood Crest Dolphin Swim Team

TERMS AND CONDITIONS FOR PARTICIPATION

One form per family

1. The tuition fee and the \$57.00 USA Swimming membership fees are due in full and must be paid prior to the swimmer entering the water for the 2009-2010 season. New Swimmers to the Wildwood Crest Deolphin Swim Team may particiapte for two weeks in the program. If a decision is made not to participate in the swim program a full refund will be made.
2. Tuition is due prior to the start of each season. Should a payment plan be necessary, it will be determined on a case by case basis.
3. Meet entry fees are in addition to swim team tuition, pool fee and USA fee. Nonpayment of meet entry fees will also necessitate non-participation for the swimmer(s) until payment is made. Meet Entry Policy of the Wildwood Crest Dolphin Swim Team will be adhered to.
4. Should a swimmer decide to discontinue participation in the program with the Wildwood Crest Dolphin Swim Team, any portion of the outstanding tuition thereof and any outstanding meet entry fees are considered an obligation to the Wildwood Crest Swim Team, and are payable upon termination of participation. Termination Policy of the Wildwood Crest Dolphin Swim Team will be adhered to.
- 4A. **Termination Policy** - Any member wishing to return to the Wildwood Crest Dolphin Swim Team after terminating membership must receive Board approval in conjunction with approval from the coaching staff. Any outstanding debts to the Wildwood Crest Dolphin Swim Team are payable in full prior to the swimmer entering the water. This member will meet with the Board of Directions prior to re-admittance. Upon Board approval the member will be on probation for one year with the understanding that all team policies must be followed.
5. Each parent and swimmer is responsible for reading and understanding the contents of the "Wildwood Crest Dolphin Team Handbook" and all distributed correspondence.
6. Each swimmer will be asked to sign a swimmer "Code of Conduct". Failure to comply with this code may result in the swimmer being asked to leave the team.
7. Any checks returned to the Wildwood Crest Swim Team for non-sufficient funds will be subject to a \$32.00 additional handling charge.

I understand and agree to the above terms and conditions of the Wildwood Crest Dolphin Swim Team in exchange for the privilege of my child to participate in the activities and swimming program of the Wildwood Crest Dolphin Swim Team.

Swimmer(s)'s Name _____

Signature of Parent/Guardian _____ Date _____



Wildwood Crest Dolphin Swim Team

SWIMMER'S TRAINING RESPONSIBILITIES

Code of Conduct

ILLNESS AND INJURY:

Whenever possible, the coach should be informed of any illness or injury.

TRAINING:

As a swimmer's level of swimming ability increases so does their responsibility. The program is designed to encourage all swimmers to be Gold Division bound. As swimmers improve this is a deep commitment that requires great effort on all parts. A swimmer has responsibilities to the team, the coach, their parents, and most importantly to themselves. **Swimmers need to prepare themselves for a 100% effort each time they come to practice.**

Swimmers will be required to bring specified training accessories (i.e. goggles, flippers, etc.) to workouts. **It is the swimmer's responsibility to make sure their items are properly adjusted and that spares are readily available.** Equipment adjustment and repair will not be accepted as an excuse to miss part of a training session. **ALL SUITS, GOGGLES, CAPS, ETC. SHOULD BE LABELED WITH SWIMMER'S NAME.**

CODE OF CONDUCT:

1. Any swimmer who is known to use alcohol, drugs, or tobacco is subject to suspension from the team.
2. NEVER INTERFERE with the progress of another swimmer during practice or otherwise.
3. We are guests at the Joseph Von Savage Memorial Pool. Please treat the building with respect and leave it in the good condition. Please report any broken items at once to a coach or board member. Swimmers are subject to suspension for any act of vandalism to the building.
4. At all club functions, whether practice, meets, or social gatherings, we expect each swimmer to behave in such a way that their actions reflect positively on the team.
5. All members of the club, whether parent or swimmer, must continue to protect and improve the excellent reputation the team has throughout the state and country.
6. **ALL SWIMMERS** are required to read and sign this Code of Conduct for the Wildwood Crest Dolphin Swim Team.



Wildwood Crest Dolphin Swim Team
CONSENT FOR PUBLICATION

Dear Parents and Guardians:

To publicize the achievements of our swimmers and the great work they do, we like to occasionally publish our swimmers' names, photographs, or achievements in local newspapers and on our Website.

We understand that you may not want to have your child's name, photo, or achievements published. Please fill out the form at the bottom of this letter to let us know your wishes.

Thank you.

Consent for publication

_____ Swimmer's Name

_____ I consent to having my child's photo, name, and/or achievements published in team newsletters, the team Website or released to local news organizations.

_____ I do not consent to having my child's photo, name, and/or achievements published in team newsletters, the team Website or released to local news organizations.

_____ *Parent/Guardian Signature*

_____ *Date*



REG. DATE / OFFICE USE ONLY

REGISTRATION DATE grid

PLEASE PRINT LEGIBLY & COMPLETE ALL INFORMATION:

LAST NAME, LEGAL FIRST NAME, MIDDLE NAME fields

PREFERRED NAME, DATE OF BIRTH (MO./DAY/YR.), SEX (M/F), AGE, CLUB CODE, NAME OF CLUB YOU REPRESENT fields

FATHER/GUARDIAN LAST NAME, FATHER/GUARDIAN FIRST NAME, MOTHER/GUARDIAN LAST NAME, MOTHER/GUARDIAN FIRST NAME fields

MAILING ADDRESS field

CITY, STATE, ZIP CODE fields

AREA CODE, TELEPHONE NO. fields

U.S. CITIZEN? YES NO

ARE YOU A MEMBER OF ANOTHER FINA FEDERATION? YES NO

IF YES, WHICH FEDERATION:

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 mental retardation, severe learning disorder, autism

RACE AND ETHNICITY (You may make up to two choices if appropriate):

- 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

REGISTRATION FEE table with USA Swimming Fee \$45.00, LSC Fee \$12.00, TOTAL DUE \$57.00

YEAR LAST REGISTERED: IF YOU REGISTERED WITH A DIFFERENT USA SWIMMING CLUB IN 2008, ENTER THAT CLUB CODE: LSC CODE: AND THE DATE OF YOUR LAST COMPETITION REPRESENTING THAT CLUB:

SIGN HERE x SIGNATURE OF ATHLETE, PARENT OR GUARDIAN

USA Swimming occasionally makes its membership list available to its marketing partners. Please notify USA Swimming's Member Services Dept. at 719/866-4578 if you do not wish to receive these mailings.

CHECK IF YOU WOULD LIKE TO LEARN MORE ABOUT USA SWIMMING'S COMMUNITY INITIATIVES