

Registration Packet Instructions

1. Fill out information for each swimmer

The packet is designed to register up to 3 swimmers at once. You may need to make extra copies of the medical/dental page if this information isn't the same for each swimmer.

2. Include a copy of the swimmer's birth certificate

This must be submitted with the USA Swimming Athlete Registration form.

3. Total your payment

Your registration fee includes the USA athlete registration fee. Do not make a separate payment or mail information to USA Swimming on your own. The team handles this process for you.

4. Submit forms and payment

Forms, copy of the birth certificate, registration fee and first month's dues for each swimmer can be submitted via mail to:

Sea Dragons Swim Team
5100 Eldorado Pwky., Ste 102 #367
McKinney, Texas 75070

Acceptable forms of payment are cash or checks. Checks must be made out to Sea Dragons Swim Team. Cash payment will only be accepted by the head coach during practice hours.

Do not leave any payment with The Colony Aquatic Park staff.



Sea Dragons Swim Team

New Swimmer Registration Packet – School Year

\$90	Registration Fee
_____	Monthly Fee
_____	Discounts/Transfer Fee
_____	TOTAL for Swimmer 1

SWIMMER #1 _____
 Last First Middle

SWIMMER'S SCHOOL _____ GRADE _____

PRACTICE DAYS & TIMES	Novice (\$65) Choose 1 of the following	Intermediate (\$75) Choose 1 of the following	Advanced (\$85) Choose 1 of the following
	MWF: 5-5:45pm MWF: 5:45-6:30pm	MWRF: 5-6pm MWRF: 5:30-6:30pm MWRF: 6:00-7:00pm	MWRF: 6-7:30 & T: 7:30-9pm
	Start Date _____	Start Date _____	Start Date _____



2011 ATHLETE REGISTRATION APPLICATION LSC: NORTH TEXAS SWIMMING, INC.

REGISTRATION DATE
OFFICE USE ONLY

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PLEASE PRINT LEGIBLY • COMPLETE ALL INFORMATION:

LAST NAME		LEGAL FIRST NAME			MIDDLE NAME		
PREFERRED NAME		DATE OF BIRTH MO. DAY YR.	SEX (M-F)	AGE	CLUB CODE	NAME OF CLUB YOU REPRESENT	
FATHER/GUARDIAN LAST NAME	FATHER/GUARDIAN FIRST NAME	MOTHER/GUARDIAN LAST NAME <small>IF UNATTACHED ENTER UN</small>			MOTHER/GUARDIAN FIRST NAME		
MAILING ADDRESS							
CITY		STATE	ZIP CODE				
AREA CODE	TELEPHONE NO.	FAMILY/HOUSEHOLD E-MAIL ADDRESS					

- 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

MAKE CHECK PAYABLE TO:
NORTH TEXAS SWIMMING, INC.
MAIL APPLICATION & PAYMENT TO:
 With copy of birth certificate or equivalent
 Karen Rourke
 1105 Normandy Dr.
 Southlake, TX 76092-7117
 Email: swim.tex@verizon.net
 817-421-2151

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

REGISTRATION FEE	
USA Swimming Fee	\$47.00
LSC Fee	10.00
TOTAL DUE	\$57.00

YEAR LAST REGISTERED: _____. IF YOU REGISTERED WITH A DIFFERENT USA SWIMMING CLUB IN 2010, ENTER THAT CLUB CODE: _____. LSC CODE: _____. AND THE DATE OF YOUR LAST COMPETITION REPRESENTING THAT CLUB: ____/____/____
 HIGH SCHOOL STUDENTS – Year of high school graduation: _____

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 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)

VOLUNTEER INTEREST

While there is no volunteer requirement at this time, we ask that you assist the team in some capacity during your swimmer's participation on the team. Select as many as you'd like. You'll be contacted when these opportunities arise.

SWIM MEETS

- Timer
- Official*
- Concessions
- Runner
- Ready Bench

EVENTS

- Award Party
- Tryouts
- Swim-A-Thon
- New Member Meet & Greet

OTHER

- Team Photographer
- Sponsorship Solicitor
- Team Merchandise Manager
- Team Registration Auditor

*Officials require special training. If certified, please provide proof. Otherwise, you will be contacted when trainings are scheduled.

If you have special skills or a way to help the team not mentioned here, please describe below.

HOW DID YOU HEAR ABOUT US?

Select all that apply.

- I am a former YMCA Sea Dragon
- Facebook
- The Colony's Web site
- I participated in H2O-Go
- Isport.com
- Fun Times Catalogue
- Russell Creek YMCA referred me
- Web search
- USA Swimming Club Locator
- Poster or Flyer at The Aquatic Park
- Word of mouth
- North Texas LSC Web site
- Flyer distributed at my child's school
- Kiefer Swim Shop
- Other (please describe)

AGREEMENT

The parent and the Sea Dragons Swim Team (SDST) agree as follows. Please initial each item.

Dues.

- (a) In consideration of the participation of the swimmer(s) in SDST's competitive swim program, the Parent agrees to pay the dues for the Swimmer's practice level by the 5th of each month. Dues may be prepaid at any time.
- (b) If the Swimmer is transferred to a different practice level by the coaching staff, the new monthly amount becomes effective the 1st of the month following the promotion. If months were prepaid at the previous rate, the difference will be due by the 5th of each month. Differences may be prepaid at any time.
- (c) If the Swimmer quits the swim program or is unable to continue participation in the program, the parent is obligated to pay the dues installment for the month in which the Swimmer withdraws from the program. A refund or credit may be requested for pre-paid months that will go unused. Refunds must be requested no later than 30 days after the swimmer withdraws. Refunds requested after 30 days will be denied. Credits are valid through the calendar year and not transferable. Unclaimed credits will not be refunded after the end of the year.
- (d) If the monthly dues payment is not postmarked or received in full by the 6th of the month, a late fee of \$15 will be assessed to the family's dues account.
- (e) Checks returned NSF will be charged \$25.
- (f) At this time, check or cash are the only permitted forms of payment. Paying via check is strongly encouraged. Cash payments may only be accepted by the head coach during practice hours. **NO PAYMENTS SHOULD BE GIVEN TO THE COLONY AQUATIC PARK OR ITS STAFF.** If you do this, you assume all risk and liability should the payment be stolen or misplaced.

Suspension.

- (a) If the monthly dues payment is not received in full by the 15th of the month, a notice of delinquency will be mailed. If Parent shall fail to pay any delinquent dues including late fees by the end of the month, the Swimmer shall be suspended from further participation in all SDST activities, including, but not limited to, practices, social events and meets.
- (b) If Parent becomes delinquent in payment of dues because of financial hardship, he/she may apply for a waiver of late fees and suspension. A waiver may be granted by SDST if satisfactory arrangements are made for payment of the delinquent amounts.

Level Assignments. The assignment of the Swimmer(s) to a practice level shall be the decision of the coaching staff. An assignment may be modified during the swim year if the coaching staff believes a different practice level would be more appropriate for the Swimmer.

Release of Liability. Parent hereby releases SDST, its employees, officers, directors and volunteers and any facility used by SDST from any liability arising out of any injury to the Swimmer(s) which may occur while the Swimmer(s) is/are participating in the SDST swim program, including, but not limited to, practices, meets, travel trips, and other team activities, or while the Swimmer(s) is/are using facilities owned, leased or used by SDST.

Photo/Media Release. I give permission for the use of photos or video taken by SDST coaches or parent volunteers during practice, swim meets or other organized team events to be used on the web site, published on the team Facebook page, distributed to reporters or used in any other way for marketing or publicizing the team.. Photos/video given to SDST become property of the team and may not be returned.

Receipt of Handbook and Codes of Conduct. Parent has received a copy of the team handbook, as well as the parent and swimmer codes of conduct. By initialing here, Parent and Swimmer(s) agree to read and abide by the policies and rules in these documents.

Receipt of Anti-Drug /Doping Control Information. Parent has received a copy of USA Swimming's anti-drug and doping control policies. By initialing here, Parent and Swimmer(s) agree to read and abide by the policies and rules in this document.

MEDICAL INFORMATION & EMERGENCY RELEASE

One per family, unless a swimmer has differing doctor or insurance information from his/her siblings.

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:

3. Swimmer's Doctor: _____ Phone _____

4. Swimmer's Dentist: _____ Phone _____

I (we) hereby give our permission for _____ to participate in practice and travel with the Sea Dragons Swim Team 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 SDST 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 SDST 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 SDST 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 Signature **Date**