

# **Aquia Harbour Dolphins Swim Team** **2008 Registration Form**

Family Name: \_\_\_\_\_

Child's Name:	Date of Birth	Age on June 1, 2008	Gender
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Street Address: \_\_\_\_\_

Telephone Number: (H) \_\_\_\_\_ (C) \_\_\_\_\_

(C) \_\_\_\_\_ (W) \_\_\_\_\_

Email Address: (M) \_\_\_\_\_ (F) \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

The fee is \$125.00 for the first swimmer and \$115.00 for each child thereafter. The registration fee includes Suit and Latex Cap. **The AHPOA Annual Dues and Aquia Harbour Pool Fee must be paid before the swimmer will be allowed to use the pool.**

**\*\*\*\*\*TEAM SUITS/CAP REQUIRED TO SWIM IN MEET\*\*\*\*\***

- I understand that I am to notify the coach(s) at least 2 days in advance that my child will be unable to swim in a meet. **FAILURE TO NOTIFY THE COACH(S) MAY RESULT IN YOUR CHILD NOT SWIMMING IN THE NEXT MEET.** \_\_\_\_\_ *Initial*
- The Coach(s) will seed all meets. Coach(s) decisions are final. \_\_\_\_\_ *Initial*
- I understand what is required of me as a parent volunteer. If I am unable to complete the meet assignment, I will arrange for coverage. \_\_\_\_\_ *Initial*
- Refunds for registration fee only, \$65.00, will be given through June 13. Swimsuits are not returnable. \_\_\_\_\_ *Initial*
- I, the parent or guardian of the swimmer listed above, agree by my signature below that I will not hold the Aquia Harbour Swim Team, the Rappahannock Swim League, Inc., or any of their respective representatives liable in case of any accident or injury. \_\_\_\_\_ *Initial*

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**WAIVER/RELEASE OF LIABILITY**  
**(One Per Swimmer)**

**PLEASE READ CAREFULLY BEFORE SIGNING.**  
**THIS IS A RELEASE OF LIABILITY AND WAIVER OF CERTAIN LEGAL RIGHTS.**

I, \_\_\_\_\_, the enrolled participant and the parent/guardian of the participant, agree and understand that swimming is a HIGH RISK ACTIVITY. I recognize that there are risks inherent in the sport of swimming, which could result in (but not limited to) paralyzing injuries and death.

The participant hereby agrees to participate in the Rappahannock Swim League program and hereby agrees to indemnify and hold harmless the Rappahannock Swim League, Inc., its coaches, officers, directors, agents, volunteers and employees, including its swim teams, and their respective coaches, officers, directors, agents, volunteers and employees against any liability resulting from an injury that may occur to the participant while participating in the Rappahannock Swim League program. The participant also agrees to indemnify the Rappahannock Swim League, Inc. and the Aquia Harbour Dolphins Swim Team from any liabilities, demands, claims, or law suits arising from the actions or inactions of the participant.

The participant and the parent/guardian of the participant authorize any representative of the Rappahannock Swim League, Inc. or the Aquia Harbour Dolphins Swim Team to have the participant treated in any medical emergency during their participation in the Rappahannock Swim League program. Further, the participant and the parent/guardian agree to pay all costs associated with medical care and transportation of the participant.

I have noted below any medical/health problems of which the staff should be aware.

***I HAVE CAREFULLY READ THE ABOVE LIABILITY RELEASE AND SIGNED IT WITH FULL KNOWLEDGE OF ITS CONTENTS AND SIGNIFIGANCE.***

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Participant)

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Parent/Guardian)

**Medical/Health Problems:**

**Aquia Harbour Dolphins Swim Team**  
**2008 Emergency Contact Form\***

**\*(Please use 1 Form per Family)**

FAMILY NAME: \_\_\_\_\_

Name of Swimmer(s):	Date of Birth	Allergies	Other
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**MOTHER/GUARDIAN**

**FATHER/GUARDIAN**

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Place of Work: \_\_\_\_\_ Place of Work: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Pager Number: \_\_\_\_\_ Pager Number: \_\_\_\_\_

CHILD LIVES WITH: Both Parents: \_\_\_ Mother: \_\_\_ Father: \_\_\_ Other: \_\_\_

Family Doctor's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Office Address: \_\_\_\_\_

**In the event your child becomes ill or injured and you cannot be reached, please give the names of two people who can be notified:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Work #: \_\_\_\_\_ Home #: \_\_\_\_\_ Cell Phone#: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Work #: \_\_\_\_\_ Home #: \_\_\_\_\_ Cell Phone#: \_\_\_\_\_

# **Aquia Harbour Dolphins Swim Team**

## **Code of Conduct for Member Families**

### **General Rules for All Meets and Practices**

1. **Parents shall not approach coaches during practice times and meets. Parents must use the times designated by the coaches to address any issues. Complaints may be directed to Board Members.**
2. Parents and swimmers shall adhere to all decisions made by coaching staff.
3. Attend **all scheduled practices**, unless excused by coaches.
4. Arrive **on time** and **be prepared** to swim.
5. Leave practice early only with the coach's permission.
6. Swim in all meets and events in which entered.
7. Abstain from possessing or using alcoholic beverages, illegal drugs, and tobacco.
8. Wear Team Suit and Cap for Meets.
9. Enter the water only with permission from the coach or the meet officials.
10. Show positive team spirit. Poor sportsmanship will not be tolerated.
11. Know all events in which your swimmers are entered. **It is the swimmer's responsibility to report to the Clerk of Course at the appropriate time.**
12. Assist coaching staff by reinforcing safety regulations around the pool deck and locker room.
13. Supervise **all** children in your care during practices and meets. Pool Rules require that no children under age 12 will be left in the pool area without proper supervision.
14. Children must be accompanied to meets by a parent or designee.

### **Language and Physical Actions**

1. No swearing or other offensive language.
2. No talking back to a member of the coaching staff.
3. No threats to other swimmers, teammates or coaches.
4. No demeaning comments to or about a fellow swimmer, teammate or coach.
5. No questioning a meet official or referee.
6. No physical contact and/or hitting fellow swimmers, teammates or coaches.
7. No pushing or running on the deck or into the pool.
8. No horseplay in or around the pool.
9. No pulling or sitting on the lane lines.
10. No lying, stealing or vandalism.
11. No inappropriate public displays of affection, touching or grabbing whether consensual or nonconsensual.
12. Pool rules must be followed by swimmers and parents, and the pool staff shall be treated with respect.

### **Parent Volunteer Requirements:**

1. Each member family is required to work at **3** home meet shifts and **1** away meet shift. The parent is responsible for arranging coverage if they are unable to fulfill their meet work assignment, and to notify the Meet Director/Assistant Meet Director of any changes.
2. The Parent is also required to work **1** shift at Finals if your child is swimming.
3. Parents are strongly encouraged to engage in off-deck responsibilities: BOD, nominating committee, official certifications, etc.

### **Violation Of The Above May Lead To:**

1. Scratching a swimmer from event(s)
2. Removing a swimmer from practice(s)
3. Sending the swimmer home
4. Having a Coach/Swimmer/Parent meeting
5. Temporary suspension from Team practices and meets
6. Permanent removal from the Team (with Board approval)

Swimmer signature \_\_\_\_\_

Date \_\_\_\_\_

Swimmer signature \_\_\_\_\_

Date \_\_\_\_\_

Swimmer signature \_\_\_\_\_

Date \_\_\_\_\_

Parent/Guardian signature \_\_\_\_\_

Date \_\_\_\_\_

# Swimmer Order Form 2008

(Registration Fee Includes (1) Swimsuit and (1) Latex Cap per swimmer)

Swimmer One \_\_\_\_\_ Registration Fee **\$125.00**

Swimmer Two \_\_\_\_\_ Registration Fee \_\_\_\_\_

Swimmer Three \_\_\_\_\_ Registration Fee \_\_\_\_\_

FEMALE SWIMSUIT SIZE(S) \_\_\_\_\_

MALE JAMMER SIZE(S) \_\_\_\_\_

OPTIONAL UPGRADE FROM LATEX TEAM CAP TO SILICONE TEAM CAP  
NUMBER OF UPGRADES \_\_\_\_\_ \$10.00 WITH EACH REGISTRATION \_\_\_\_\_

**CONCESSIONS FEE** \$15.00 PER FAMILY **\$ 15.00**

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## ITEMS FOR PURCHASE

### TEAM T-SHIRTS:

Short Sleeve Size: Youth S M L \$10.00 each quantity \_\_\_\_\_ = \_\_\_\_\_  
Adult S M L XL

TEAM TOWEL: \$15.00 each quantity \_\_\_\_\_ = \_\_\_\_\_  
Monogram \$7.00 each (Last Name) \_\_\_\_\_ quantity \_\_\_\_\_ = \_\_\_\_\_

HOODIES: Youth S M L XL \$20.00 each quantity \_\_\_\_\_ = \_\_\_\_\_  
Adult S M L XL \$25.00 quantity \_\_\_\_\_ = \_\_\_\_\_

### GOGGLES:

Vanquisher Color(s) \_\_\_\_\_ \$13.00 each quantity \_\_\_\_\_ = \_\_\_\_\_  
Woman's Vanquisher Color(s) \_\_\_\_\_ \$16.00 each quantity \_\_\_\_\_ = \_\_\_\_\_  
Jr. Hydrospec Color(s) \_\_\_\_\_ \$14.00 each quantity \_\_\_\_\_ = \_\_\_\_\_

ADDITIONAL SILICONE CAPS: \$15.00 each quantity \_\_\_\_\_ = \_\_\_\_\_

ADDITIONAL LATEX CAPS \$5.00 each quantity \_\_\_\_\_ = \_\_\_\_\_

CASH & CARRY ITEMS: \_\_\_\_\_ = \_\_\_\_\_

SUBTOTAL: PURCHASED ITEMS = \_\_\_\_\_

TOTAL FEE \_\_\_\_\_

Check \_\_\_\_\_ Cash \_\_\_\_\_ Amount Paid \_\_\_\_\_

Received by \_\_\_\_\_

Please make checks payable to: **Aquia Harbour Dolphins Swim Team**