

2017 Dahlgren Shark's Registration Checklist

(to be completed by a Board member)

Swimmer(s) Names: _____

Parent(s) Names: _____

Swimmer information complete

Volunteered for 6 events

T-Shirt(s) order placed

Code of Conduct/Media Waiver Signed

Fees collected

2017 DAHLGREN SHARKS SWIM TEAM MEMBERSHIP APPLICATION

CHILDREN INFORMATION	Last:		First:		MI:	
	Age:		DOB:		Weight:	
	Status of immunizaitons:			Drug allergies:		
	Chronic conditions and/or illness: (e.g Seizures, Allergies, Sting, Diabetes, Ashtma, etc.)			Regular medications:		
	YES		NO		NO	
	Please list if yes:			Please list if yes:		
	Last:		First:		MI:	
	Age:		DOB:		Weight:	
	Status of immunizaitons:			Drug allergies:		
	Chronic conditions and/or illness: (e.g Seizures, Allergies, Sting, Diabetes, Ashtma, etc.)			Regular medications:		
	YES		NO		NO	
	Please list if yes:			Please list if yes:		
	Last:		First:		MI:	
	Age:		DOB:		Weight:	
	Status of immunizaitons:			Drug allergies:		
	Chronic conditions and/or illness: (e.g Seizures, Allergies, Sting, Diabetes, Ashtma, etc.)			Regular medications:		
	YES		NO		NO	
	Please list if yes:			Please list if yes:		
PARENT INFORMATION	Mother's Name:			***EMERGENCY INFORMATION***		
	Mother's Address:			Physician's Name:		
	Mother's Work Phone:		Mother's Home Phone:		Physician's Phone:	
	Father's Name:			Medical Insurance Provider:		
	Father's Address:			Insurance Policy:		
	Father's Work Phone:		Father's Home Phone:		Emergency Contact (if parents cannot be reached):	
	Email Address(es):			Phone:		Relationship:

ADDITIONAL CHILD(REN) FORMS ATTACHED: YES OR NO

MEDICAL/HEALTH PROBLEMS:

PARENT/GUARDIAN CONSENT AND UNDERSTANDING

A representative of the Dahlgren Sharks has my permission to seek emergency medical aid for my child(ren) as listed on this form in the event that I cannot be contacted.

All medical insurance covering the child(ren) must be provided by parent(s) or guardian(s).

Participation in the RSL insurance program is mandatory, and all associated costs are included in membership fees.

All fees of membership for the Dahlgren Sharks are required on or before the first day of the child(ren)'s practice.

To the best of my knowledge all information on this form is complete and accurate. I will not hold Dahlgren Sharks, the YMCA, or the coaches responsible in case of accident or injury as a result of participation in this program. I understand the risks involved with this activity and know that my children are physically able to participate in this program.

I hereby give my consent and approval for my child(ren) to participate in this activity.

Name of Children participating:

Parent or Guardian Signature and Date

WAIVER/RELEASE OF LIABILITY

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 too) 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 team and their respective coaches, officers, directors, agents, volunteers and employees against any liability resulting in injury that may occur to the participant while participating in the Rappahannock Swim League program. The participant also agree to indemnify the Rappahannock Swim League Swim League Inc., and the Dahlgren Sharks 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 Dahlgren Sharks 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 the 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 SIGNIFICANCE.

SIGNED: _____ DATE: _____

(Participant)

SIGNED: _____ DATE: _____

(Parent/Guardian)

Medical/Health Problems:

IMPORTANT: THIS IS A LEGAL DOCUMENT

**Please read and understand this document before signing.
If you have any questions please ask us or consult an attorney.**

The YMCA and its staff have done everything possible to assure that our patrons experience a rewarding experience. We wish to inform our patrons that swimming, water aerobic, swim team, and swim lessons is not risk free. The same elements that contribute to the unique character and fun of these activities such as the water, pool deck, kick-boards, swim paddles, goggles, toys, dive rings, noodles, aerobic belts, aerobic bar bells, and medicine balls can cause loss or damage to equipment, and injury, illness, or in extreme cases, permanent trauma or death to myself or others under my supervision. We do not want to heighten or reduce your enthusiasm for the experience, but we do want you to know in advance what to expect, and to be informed of some of the possible risks. We ask that you read this, sign it, and return it to our office.

**AQUATIC CLASSES, LAP SWIM & SWIM TEAM
ACKNOWLEDGMENT OF RISK**

Aquatic classes, Lap Swim, & Swim Team like all outdoor recreation activities are hazardous. Whenever you are swimming, you can be injured. You may drown or bump into another person while swimming. The chemicals in the water may burn your eyes. In addition, the water you may be swimming in may become contaminated due to the possible accidental defecation or vomiting by other swimmers which could cause the possible illness. Make sure your personal flotation device (PFD) fits properly and you know how it is to be worn. Your prolonged exposure to cold water may lead to hypothermia and to impaired health or death. Poisonous or dangerous insects, in or around the water, can have detrimental effects to some participants, such as illness, shock, or death.

I, (*Print Member Name*) _____, understand that as a swim/student or participant in a YMCA Aquatics Program; I should:

1. Be familiar with my swim sites. If not, obtain a formal instruction from a YMCA Instructor.
2. Use complete, well-maintained, reliable equipment with which I am familiar; and inspect it for correct fit and function prior to each class.
3. Listen carefully to directions and respect the advice of those instructing the activities.

CONTRACT, WAIVER, RELEASE AND INDEMNIFICATION

I certify that I am fully capable of participating in the swim class, lap swim & swim team program or activity. I state that I have read the above statement on some of the possible risks in this activity. Therefore, I assume full responsibility for myself, my family, including minor children, for bodily injury, death and loss of personal property and any expenses as a result of my negligence, negligence of my family, negligence of another participant on the swim class, lap swim & swim team program or activity, or the negligence of the YMCA and its staff. I also understand that the YMCA reserves the right to refuse any person it judges to be incapable of meeting the rigors and requirements of participating in the swim class, lap swim & swim team program or activity.

I agree to indemnify and hold harmless the YMCA and its staff from all claims, damages, losses, injuries, and expenses arising out of or resulting from my families or my participation in the swim class, lap swim & swim team program or activity. I further agree to release, acquit and covenant not to sue the YMCA and its staff for all actions, causes of action claims or damages, damages in law or remedies in equity of whatever kind, including the negligence of the YMCA and its staff or my family, myself, or my heirs, against the YMCA arising out of participation in the swim class, lap swim & swim team program or activity. In short, I cannot sue the YMCA and its staff, and if I do, I cannot collect any money.

As liquidated damages, I hereby agree that if the YMCA is forced to defend any action, lawsuit or litigation by myself, my executors, or my heirs, on my family's or my behalf, my heirs or executors and I agree to pay court costs and attorney fees if they successfully defend such action, lawsuit or litigation.

Should a court of competent jurisdiction declare any paragraph or part of this agreement unenforceable, the remaining parts or paragraphs shall remain in full force and effect. A copy of this release can be used as if it was an original. I authorize and release to the YMCA and its staff the use of my image in any photograph or video recording for any purpose of the YMCA.

I have adequate health, disability, and life insurance for my family and myself.

I hereby give permission for transportation to any medical facility or hospital and I authorize for any qualified guide, or medical personnel to render necessary emergency medical care for my family or me. I hereby authorize the release of any medical information, including information concerning my HIV or "AIDS" status, in the possession of the YMCA to any medical facility, hospital, ambulance, first aid provider, first aid service, doctor, nurse or other such person rendering care on my behalf. I hereby waive any action or claim against the YMCA and its staff or any health care provider, hospital, doctor, nurse or first aid provider for the release of this medical information including my HIV or "AIDS" status.

I, _____, of my own free will, for my family, my minor children, my heirs and executors and myself, have read, understand and acknowledge the risks and liability for myself and my family this ____ day of _____, 2017.

By initialing this box, I indicate that my family and I have previous swimming experience.

No one in my family or I have any medical condition that would prevent our participation in this activity.

I affirm, to the best of my knowledge that I am in good physical and mental health and free from cardiovascular, respiratory or other diseases or ailments, which could endanger me while diving.

I affirm that I am of lawful age and legally competent to sign this waiver, or that I have acquired the written consent of my parent or guardian.

I have read the above statements and have had any questions answered to my satisfaction.

I have read and understood this agreement and agree to abide by its terms and conditions.

FIRST PARTICIPANT SIGNATURE

SECOND PARTICIPANT SIGNATURE

PRINTED NAME

PRINTED NAME

THIRD PARTICIPANT SIGNATURE

FOURTH PARTICIPANT SIGNATURE

PRINTED NAME

PRINTED NAME

ADDRESS: _____

Telephone: _____

IN CASE OF EMERGENCY PLEASE CONTACT: _____

Telephone: _____

I CARRY MEDICAL INSURANCE. YES ____ NO ____ GROUP NUMBER: _____

NAME OF PROVIDER: _____

ELECTRONIC COMMUNICATIONS AND SOCIAL MEDIA POLICY

As part of Dahlgren Sharks emphasis on athlete safety, all electronic communications between a coach and athlete must be professional in nature and for the purpose of communicating information about team activities.

As with any communication, the content of any electronic communication should be readily available to share with the athlete's family. At the request of a parent or guardian, any email, electronic text, social media or similar communication will copy or include the athlete's parents or guardians.

FACEBOOK, MYSPACE, BLOGS AND SIMILAR SITES

Coaches may not have athletes of Dahlgren Sharks join a personal social media page. Athlete members and parents can view the official Shark's Team page and coaches can communicate to athlete members through the site. All posts, messages, text, or media of any kind between coach and athlete must be professional in nature and for the purpose of communicating information about team activities or for team-oriented motivational purposes.

TWITTER, INSTANT MESSAGING AND SIMILAR MEDIA

These are not appropriate communications between Dahlgren Sharks Coaches and Athletes.

EMAIL AND SIMILAR ELECTRONIC COMMUNICATIONS

Athletes and coaches may use email to communicate. All email content between coach and athlete must be professional in nature and for the purpose of communicating information about team activities. Any email sent to individual assistant coaches will be forward to the Dahlgren Sharks board, where the coach is a staff member and/or volunteer.

TEXTING AND SIMILAR ELECTRONIC COMMUNICATIONS

Texting is discouraged between coaches and athletes and should be used only in an emergency.

ELECTRONIC IMAGERY

From time to time, digital photos, videos of practice or competition, and other publicly obtainable images of the athlete – individually or in groups – may be taken. These photos and/or videos may be submitted to local, state or national publications, used in club videos, posted on club or club associated websites, or offered to the club families seasonally on disc or other electronic form. It is the default policy of Dahlgren Sharks to allow such practices as long as the athlete or athletes are in public view and such imagery is both appropriate and in the best interest of the athlete and the club.

REQUEST TO DISCONTINUE ALL ELECTRONIC COMMUNICATIONS OR IMAGERY

The parents or guardians of an athlete may request in writing that their child not be contacted by any form of electronic communication by coaches (photography or videography).

MISCONDUCT

Social media and electronic communications can also be used to commit misconduct (e.g., emotional, sexual, bullying, harassment, and hazing). Such communications by coaches, staff, volunteers, administrators, officials, parents or athletes will not be tolerated and are considered violations of USA Swimming Code of Conduct.

VIOLATIONS

Violations of Dahlgren Sharks' Electronic Communications and Social Media Policy should be reported to a Coach or the board.

Parent's Signature and date

Swim Meet Volunteering

Swim meets require many parent volunteers to assist in the preparation, running, and cleaning up. Each family is asked to have one adult participate in an assignment at each meet. We realize that you may not have a swim background, but there are tasks that are essential that require little swim knowledge. Some tasks do require training, and we have a core of experienced people ready to offer you an opportunity to learn. Key positions require attendance at one formal clinic offered by the RSL. These clinics are held in the Fredericksburg area. Positions which require formal training are marked with an asterisk.

Position	Participants Required	Position	Participants Required
Referee*	2	Stroke & Turn Officials*	4
Clerk of Course	6	Head Score Keeper*	2
Runners	4	Scorers & Checkers	6
Starter*	2	Ribbon Writers	2
Announcer	2	Food Concession Workers	4
Head Timer*	2	Lane Timers	18
Set-up	2	Clean-up	3

2017 Sharks Fees Collected Sheet

1 st Child	\$120	_____
2 nd Child	\$95	_____
3 rd Child	\$65	_____
4 th or more	\$25 each	_____

T-Shirt(s) total _____

Swim Caps (silicone) \$10 _____

YMCA fee (for non-Y members only)*

* This includes a 2 month YMCA swim pass for the swimmers.

1 child (\$25.00), 2 children (\$37.50),
3 or more children (\$50) _____

Registration Fee \$30.00 _____

Other _____

Total Paid _____

(Cash___ Check#_____)

Swimmer(s) Names: _____

Parent(s) Names: _____
