

2010-2011

Swim Team Parents Association of Fort Leavenworth Registration Packet

Dear Parents:

Welcome to the Fort Leavenworth Lancers Swim Team! We are hoping this will be a great experience for both your swimmer and you. This competitive swim team is for both boys and girls in age groups: 8 & under, 9-10, 11-12, 13-14, and 15 & up.

The Lancers have four training groups: Bronze, Silver, Gold & Platinum. All swimmers will be placed in a training group based on demonstrated swim skill level and maturity. If you are unsure which level your child was placed on, please feel free to ask. Swim fees are per child and are explained further in this packet.

The Parents Association is responsible for the overall organization and management of the Fort Leavenworth Lancers Swim Team. In addition, the Association pays our coaches' salaries to ensure we have continuity of dedicated, enthusiastic coaching for your child's development. The Parents Association is also responsible for providing supplies for the swim team such as ribbons, kick boards, fins, relay entries, and office expenses. To help meet these expenses, the Association earns money through fund-raisers (pizza sales, swim-a-thon, car washes, etc...) to supplement the monthly fees. Each swim team family is required to participate in fund-raising to not only help the team financially, but also develop the morale and team spirit that a successful team must foster. The money from these fund-raisers also helps offset the costs of special team events such as the holiday party and the end-of-year banquet.

The registration packet contains the following forms/sheets:

- Personal Information/Contact/Medical Form
- Liability Waiver
- Media Release Form
- Fort Leavenworth Lancers Swim Team Discipline Policy
- Volunteer Contract
- USA Swimming Registration Form
- Swim Fees
- Registration Acknowledgement Statement

To eliminate the requirement of providing redundant personal information on each form, parents will only have to provide complete personal information on two forms. The first, the Personal Information/Contact/Medical Form, is used to record key personal and contact information. The second, the USA Swimming registration form, must be fully completed and signed as we submit this form to USA Swimming to register your swimmer. Parents/guardians will only have to read and initial the team's liability waiver, media release, discipline policy, and volunteer contract forms.

The last page of this registration packet is an acknowledgement statement that each parent/guardian will need to sign. Your signature on the acknowledgement statement indicates that you have received, read, understood and completed (where applicable) all of the attached forms & policies. It is your responsibility to ensure that the information you provide is correct. Additionally, it is your responsibility to update the Parents Association and team statistician when any of the information in this packet changes.

It is the policy of the Board of Directors of the Parents Association to ensure that every parent has a chance to be heard and every swimmer is represented equally. Please let us know at any time if you have any concerns or questions. Thank you again for signing your child up with the Fort Leavenworth Lancers Swim Team.

Sincerely,
The Swim Team Parents Association

Personal Information/Contact/Medical Form

Swimmer Information:

M			D			Y			Last Name			First Name			Middle		
Birth Date				Gender/Age				Grade				School District					

Contact Information:

Street Address						City, State						Zip		
Home Phone Number						E-Mail Address *required *								

Father's Name (First...Last)				Work Phone				Cell Phone			
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Mother's Name (First...Last)				Work Phone				Cell Phone			
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Emergency Care Information

Doctor						Phone					
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Primary Insurance Provider (Medical)						Policy #					
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Dentist						Phone					
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Primary Insurance Provider (Dental)						Policy Number					
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Preferred Hospital						ER Phone					
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Please circle any of the following that apply to your child:

Asthma *Exercise Induced Asthma* *Allergies* *Cardiac* *Seizures* *Diabetes*
Headaches *Skin Conditions* *Visual Impairment* *Hearing Impairments*

Please explain any of the above that affect your child: _____

Please list any medications your child takes on a regular basis: _____

Are there any other medical conditions that the coaching staff needs to be aware of? If so, please attach.

2011 USA Registration Form



2011 ATHLETE REGISTRATION APPLICATION LSC: MISSOURI VALLEY SWIMMING

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 _____ SEX (M-F) _____ AGE _____ CLUB CODE _____ NAME OF CLUB YOU REPRESENT _____
 MO. DAY YR. _____
 FATHER/GUARDIAN LAST NAME _____ FATHER/GUARDIAN FIRST NAME _____ MOTHER/GUARDIAN LAST NAME _____ MOTHER/GUARDIAN FIRST NAME _____
 IF UNATTACHED ENTER UN

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____
 FAMILY/HOUSEHOLD E-MAIL ADDRESS _____

AREA CODE _____ TELEPHONE NO. _____
 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

MAKE CHECK PAYABLE TO:
YOUR CLUB REGISTRAR OR MISSOURI VALLEY SWIMMING
MAIL APPLICATION & PAYMENT TO:
 Missouri Valley Swimming
 15 East 7th, Suite 202
 Lawrence, KS 66044
 Email: mvsswim@sunflower.com
 785-841-0999

REGISTRATION FEE	
USA Swimming Fee	\$47.00
LSC Fee	5.00
TOTAL DUE	\$52.00

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: _____
 SIGNATURE OF ATHLETE, PARENT OR GUARDIAN _____
 HERE X _____

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)

LIABILITY WAIVER

I AS A PARENT / GUARDIAN / PARTICIPANT, UNDERSTAND AND ACKNOWLEDGE THAT:

Participation in the Fort Leavenworth Lancer's Swim Team program is intended to promote healthy and safe swimming opportunities for my child. However, like many physical activities, swimming and associated activities pose certain inherent health risks that can result in serious injury (physical and/or emotional) or even death. I acknowledge and assume the risks inherent with my child's active participation with the Fort Leavenworth Lancer's Swim Team.

Failure to follow safety instructions may lead to my child's suspension or cancellation of membership. Discretion is left entirely to the Fort Leavenworth Lancer's Swim Team staff to determine whether and when removal is appropriate.

HEALTH INSURANCE, EMERGENCY INFORMATION AND AUTHORIZATION

I understand that I am responsible for providing my child's health insurance. My child understands that if experiencing fatigue, breathing problems, chest pain or other injuries, the instructor should be informed immediately. If my child becomes injured or ill while participating in the program, I authorize the Fort Leavenworth Lancer's Swim Team staff to act on my child's behalf in obtaining medical treatment. I understand that I am fully responsible for all medical care expenses. If you are unable to contact the primary point of contact, please contact the person I have designated as my emergency contact.

By signing the Acknowledgement Statement and initialing below, we accept the terms and conditions Liability waver stated above. _____(Initial here).

Media Release Form

As part of the Fort Leavenworth Lancer Swim Team communication process, the team maintains a website and periodically prints newsletters and statistics. This form documents how you want your swimmer's information handled.

Please read and initial appropriate line by each item.

Yes	No	Description
_____	_____	I hereby authorize the use of still photographs taken at swim meets or other swim team functions. I recognize these photos may be posted on the Lancer web site. I understand that no personal demographic information will be posted on the Lancer web site in conjunction with these photos.
_____	_____	I hereby grant the Fort Leavenworth Lancer Swim Team permission to post swimming-related statistics and information on the team web site, and/or in the team newsletter.
_____	_____	I understand that information listed on the Missouri Valley web site regarding my child is not posted by the Fort Leavenworth Lancer Swim Team.
_____	_____	I hereby release the Fort Leavenworth Lancer Swim Team and its connection with Missouri Valley USA Swimming from any payment and/or compensation and all liability in connection with above said uses and purposes.

By signing the Acknowledgement Statement and initialing below, we accept the terms and conditions as articulated in the Media Release form outlined above. _____ (initial here).

Fort Leavenworth Lancers Swim Team Discipline Policy

The following policy has been adopted to ensure that all discipline problems are approached with understanding, proper communication and fairness to all team members and families. Please read and review these guidelines with your swimmer. When understood, please sign, date and return the contract to the Association representative.

As a swim team, the Lancers hold safety as our utmost priority. Any swimmer or parent who compromises the safety of anyone in the pool or on the deck will be subject to immediate consequences. Our team endorses the following safety rules that must be followed at all times:

- No running on pool deck
- No shoving or pushing anyone into the pool
- No diving, other than supervised starts
- No horseplay, holding persons under, or jumping onto another team member
- No swinging from pool ladders
- No setting up or tearing down of lane lines without verbal consent from coach
- Any other safety concern verbally stated by coaching staff when deemed necessary

Although we realize it is sometimes necessary for parents to bring siblings or other children with them to practice, parents must assume all responsibility for any person within the pool facility who is not a practicing team member.

It is also perceived as improper conduct if any team member or parent displays disruptive, discourteous, rude or disrespectful attitudes toward coaches, team members or parents during a practice or meet.

- 1st Offense: Head Coach gives team member or parent a verbal warning.
- 2nd Offense: Swimmer is removed from activity and parent contacted. If a parent offense, the Board is contacted.
- 3rd Offense: Swimmer is dismissed from the team. There will be no refund of team fees.

Vandalism of any kind will result in immediate dismissal from the team, and may result in financial consequences as well.

The Fort Leavenworth Lancer Swim Team reserves the right to dismiss any swimmer when we feel it is in the best interest of the safety and well-being of the team.

We have received, read and understand the Lancer Swim Team discipline policy.

By signing the Acknowledgement Statement and initialing below, we accept the terms and conditions as articulated in the Fort Leavenworth Lancers Swim Team Discipline Policy outlined above.
_____ (initial here).

Lancer Parent Volunteer Contract

A successful team requires commitment not only from its members, but also from parents. For the Lancers to operate smoothly and to allow our coaches to focus on our kids, we need the help of each parent. When your child joins the Lancers, you also join the team. As a team-member you are required to:

- 1) Walk into the pool facility when dropping off/picking up your Lancer. This ensures a coach-presence prior to leaving your child. It also gives the coaches a chance to touch base with you about how your Lancer is doing.
- 2) Sign up for volunteer hours to help the team. We have over 50 parent positions that need to be filled each year. The time commitments vary for each position. Some require a couple hours a month, while others require a more time-intensive commitment for a shorter duration.
- 3) It is your responsibility to find a replacement if you are unable to meet the requirements of your volunteer position.
- 4) The minimum required volunteer time is 10 hours per family per year—5 hours should be completed by December 31, 2010 with an additional 5 hours to be completed by May 31, 2011. You are responsible for reporting your hours to the Board Vice President either via our website or in person. If you are unable to meet the volunteer requirement by the end of December 2010 and/or May 2011, a fee of \$15 per hour will be assessed. Special arrangements for extending volunteer hours into the summer season may be coordinated with the Vice President.

By signing the Acknowledgement Statement and initialing below, I understand and agree to the parent volunteer requirements of the Parents Association including the need for me to commit a minimum of 10 hours of volunteer time to the Lancers. _____ (Initial here).

Lancer Volunteer Opportunities

Equipment and Supplies:

- **Assistant Equipment Manager:** Help the Equipment manager with organizing, issuing, cleaning, etc. equipment as needed. (10 hours/year)
- **Team suits:** Organize team suit fitting with vendor. Distribute purchased team suits to swimmers. (One position, 10/year)

Marketing and Communications:

- **Bulletin Board:** Update and post info on Bulletin Board at Harney Pool (10 hours/year)
- **Newsletter:** Compile monthly newsletter and submit to webmaster (2-3 hours/month)
- **Press Releases:** Prepare press releases for Lamp, Times and Current (2-3 hours/month)
- **Parent Team Representative:** One parent from each team (bronze, silver, gold, platinum) to coordinate communication and morale activities for parents of that team (four positions, each 10+ hours/year)
- **Historian/Photographer:** Photograph periodic practices, meets, fund-raisers and activities throughout the year. (two positions, each 10 hours/year)
- **Scrapbook:** Prepare annual scrapbook using photos taken by historians (10-15 hours/year)
- **PAIR Day:** Assist with Lancer booth at this event (multiple positions, 2-hour time slots)

Fund-Raising:

Swim-a-thon: Organize and coordinate our November fund-raiser (two positions, 10 hours each during months of October and November; also multiple positions for parents to sign up in November to count laps)

End-of-Year Awards Banquet: Organize and coordinate our April banquet (two positions, 5-10 hours each)

Holiday Party: Organize and coordinate holiday party in December (two positions, 5 hours each)

Management, Leadership and Coaching:

Elected Parent Association Board Positions: Elections held in April for the following year for President, Vice President, Treasurer, Secretary (four positions, each 5+ hours/month)

On-deck parent volunteers: Assist coaches on the pool deck during practices. We would like to see 1-2 parents on deck at each evening practice. (multiple positions, each ranging from 2-10 hours/week)

Swim Meets:

Timers: At each swim meet teams must provide timers (multiple positions, approximately 4 hours per session)

Coach's assistant: Time splits, check-in swimmers, runner duties, etc. (multiple positions, 3-5 hours per session)

SWIM FEES

Annual Team Registration Fee: \$110

All swimmers are responsible for an annual registration fee. This fee includes a \$52 USA Swimming annual registration fee.

Coach Fees are paid on a monthly basis and may only be pro-rated the first and last months with the team.

Platinum Group - \$75/mo.

Silver Group - \$60/mo.

Gold Group - \$65/mo.

Bronze Group - \$55/mo.

Multi-Swimmer Family Discount:

2 swimmers: 10% discount off total monthly fees

3 swimmers: 15% discount off total monthly fees

4 or more swimmers: 20% discount off total monthly fees

THERE IS NO DISCOUNT FOR THE ANNUAL REGISTRATION FEE.

Monthly fees are due no later than the 5th of each month. *You will not be billed!* Fees postmarked after the 10th of the month will be charged a \$10 late fee. There is a \$15 late fee for all accounts 30 days past due. Fees past 60 days will be cause for removal of all swimmers in the family from practice and meets until the account is current.

For Coach Fee payments, please note swimmer name(s) and team(s) on your check. (B-Bronze, S-Silver, G-Gold, P-Platinum.) For meet fees, please note swimmer name(s) and meet name or meet date on check.

Throughout the season there are additional meet fees for each meet in which your swimmer participates. Fees are minimal (usually \$3.50 per event) and depend on the number of events a swimmer enters. Meet entries and fees will be posted on our bulletin board as well as online. ***You will not be billed.*** Meet fees are due no later than 3 days prior to the meet. A fee of \$5.00 per swimmer (with a maximum of \$10 per family) is due for each local meet a swimmer enters to provide for the expenses incurred in staffing coaches at swim meets. Fees for out-of-town meets will be assessed based upon location and will be posted with meet registration information.

Late Pick-Up Policy

Swimmers should be picked up promptly after all practices. Our coaches provide the only supervision for our swimmers at the practice pool. Many times our coaches have other obligations following practice, and if a parent is late picking up their swimmer, our coaches must stay with that swimmer. At practice, any parent who picks up fifteen (15) minutes after the scheduled release time without prior arrangements or who chronically picks up their child late, as determined by the coach, may be fined \$5 for every 5 minutes that the parent is late.

Families are encouraged to pay monthly coach fees by automatic draft with their bank.

Mail fees to: FTLL, PO Box 174, Leavenworth, Kansas, 66048-0174

Please make checks payable to FTLL.

For fee questions, email the Lancers Treasure at treasurer_ftll@ftll.net

Parent Signature _____

Lancers Acknowledgement Statement

By signing this acknowledgement sheet, I _____, acknowledge that I (parent / guardian) have read, understand and accept the risks, requirements and responsibilities associated with each form in this packet and the overall swim program, and that the information I've provided is correct to the best of my knowledge and that I am knowingly and voluntarily accepting and/or agreeing to the requirements of each sheet. By signing this form, I also agree for myself, my heirs, and assigns to release and hold harmless the Fort Leavenworth Lancer's Swim Team and its staff, officers, agents, members and any persons assisting in its activities and functions.

Signed

Date