

Sunkist Registration Packet



AQUATIC EXCELLENCE SINCE 1975



Welcome to the Sunkist Swim Team!

Please mail completed registration materials with payments to:

LaVonda White
Sunkist Swim Team
P.O. Box 320542
Flowood, MS 39232

You may also drop off your materials in a closed envelope and leave inside the Sunkist Flowood YMCA office. Please mark "Registration Packet" clearly on the outside of your envelope along with your name.

Registration Checklist:

The following completed forms are required for Sunkist Swim Team registration:

- _____ 1. USA Swimming Registration Form (one for each swimmer)
- _____ \$53.00 check payable to Mississippi Swimming (one for each swimmer)
- _____ 2. Sunkist Membership and Emergency Health Forms – *SIGNATURE Required*
- _____ 3. YMCA and Sunkist Release and Waiver – *SIGNATURE Required*
- _____ 4. Sunkist Terms and Conditions for Participation – *SIGNATURE Required*
- _____ 5. Sunkist Rules and Code of Ethics – *SIGNATURE Required*
- _____ 6. Sunkist Volunteer Points Program Agreement – *SIGNATURE Required*
- _____ 7. Sunkist Publicity Photos/Video Waiver – *SIGNATURE Required*
- _____ 8. Check payable to Sunkist Swim Team
- _____ \$75 Annual Family Registration Fee
- _____ Membership Dues Annual Check
(or)
- _____ Monthly Bank Draft Authorization – *SIGNATURE Required*

For questions regarding registration, please contact LaVonda White: lavonda.white@bellsouth.net



2011 ATHLETE REGISTRATION APPLICATION
LSC: MISSISSIPPI SWIMMING

REGISTRATION DATE OFFICE USE ONLY

PLEASE PRINT LEGIBLY • COMPLETE ALL INFORMATION:

Registration form fields including: LAST NAME, LEGAL FIRST NAME, MIDDLE NAME, PREFERRED NAME, DATE OF BIRTH, SEX, AGE, CLUB CODE, NAME OF CLUB YOU REPRESENT, FATHER/GUARDIAN LAST NAME, FATHER/GUARDIAN FIRST NAME, MOTHER/GUARDIAN LAST NAME, 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: MISSISSIPPI SWIMMING
MAIL APPLICATION & PAYMENT TO: Candace Loper, 1038 Northpointe Drive, Jackson, MS 39211, Email: LOPERCAN@aol.com, 601-956-4074 • Fax: 601-899-5790

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

REGISTRATION FEE table: USA Swimming Fee \$47.00, LSC Fee 6.00, TOTAL DUE \$53.00

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)

SUNKIST SWIM TEAM MEMBERSHIP FORM

Please print clearly. All communication with parents will be conducted via email.

| | |
|----------------|-------------|
| Mother's Name: | Home Phone: |
| Occupation: | Work Phone: |
| Email Address: | Cell Phone: |

| | |
|----------------|-------------|
| Father's Name: | Home Phone: |
| Occupation: | Work Phone: |
| Email Address: | Cell Phone: |

| |
|-----------------------|
| Address: _____ |
| City/State/Zip: _____ |

BILLING INFORMATION

Billing Address (if different than home):

Address: _____

City/State/Zip: _____

Payment Options (check one):

Annual Check (full payment attached)

Monthly Draft (signed authorization/voided check attached)

BANK NAME _____ CITY, STATE, ZIP _____

I hereby authorize the above named Financial Institution to pay my monthly Sunkist bill by charging each payment to my checking account and to make that deduction payable to the order of Sunkist Swim Team. I agree that each payment shall be the same as if it were an instrument personally signed by me. This authority is to remain in effect until revoked by me in writing. In addition, I have the right to stop payment of a charge by timely notification to my Financial Institution prior to charging my checking account. I understand, however, that both the Financial Institute and Sunkist Swim Team reserve the right to terminate this payment plan (or my participation therein).

Account Number: _____ (attach voided check)

Routing Number: _____

Date: _____ Signed: _____

SWIMMER #1

Name: _____
Last First Middle

Preferred Name: _____ Male: _____ Female: _____

Date of Birth: ____/____/____ Age: _____ New: _____ Returning: _____

School: _____ Grade: _____ T-Shirt Size: _____

Personal Information (Medical Conditions):

SWIMMER #2

Name: _____
Last First Middle

Preferred Name: _____ Male: _____ Female: _____

Date of Birth: ____/____/____ Age: _____ New: _____ Returning: _____

School: _____ Grade: _____ T-Shirt Size: _____

Personal Information (Medical Conditions):

SWIMMER #3

Name: _____
Last First Middle

Preferred Name: _____ Male: _____ Female: _____

Date of Birth: ____/____/____ Age: _____ New: _____ Returning: _____

School: _____ Grade: _____ T-Shirt Size: _____

Personal Information (Medical Conditions):

SWIMMER #4

Name: _____
Last First Middle

Preferred Name: _____ Male: _____ Female: _____

Date of Birth: ____/____/____ Age: _____ New: _____ Returning: _____

School: _____ Grade: _____ T-Shirt Size: _____

Personal Information (Medical Conditions):

EMERGENCY INFORMATION FORM

Please fill out one for each swimmer.

Swimmer: _____

Age: _____

Mother: _____

Phone: (h) _____

(w) _____

(c) _____

Father: _____

Phone: (h) _____

(w) _____

(c) _____

Relative/Friend: _____

Phone: (h) _____

(w) _____

(c) _____

Physician: _____

Phone: _____

Is swimmer allergic to any drugs? _____ Yes _____ No

If yes, please list: _____

Is the swimmer allergic to any insect stings? _____ Yes _____ No

If yes, does the swimmer carry a sting kit? _____ Yes _____ No

Has the swimmer had a history of seizures? _____ Yes _____ No

If yes, please explain: _____

If there are any health problems, which your swimmer's coach should be aware of, please explain: (*i.e. asthma*) _____

Is your swimmer on any type of medication? _____ Yes _____ No

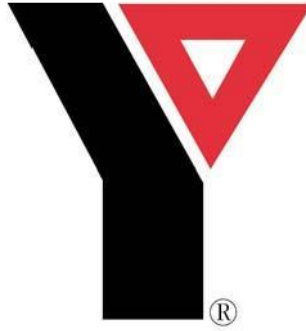
If yes, please list: _____

Health Insurance Company: _____

Policy No.: _____ Group No: _____

In the event of a medical emergency, and I/we cannot be contacted, I/we hereby grant unto and appoint a member of the Sunkist Swim Team coaching staff, or their designated representative, the authority to sign any and all medical releases as may be required by an admitting hospital to perform emergency treatment for the welfare and health of my/our child.

Parent/Guardian Signature: _____



Metropolitan YMCA's of
Mississippi

**METROPOLITAN YMCA'S OF MISSISSIPPI
RELEASE AND WAIVER**

I understand that YMCA activities have inherent risks and I hereby assume all risks and hazards incident to my participation in all YMCA activities. I further waive, release, absolve, indemnify and agree to hold harmless the YMCA, the organizers, volunteers, supervisors, officers, directors, participants, coaches, referees, as well as, persons or parents transporting participants to and from activities from any claims or injury sustained during my participation in YMCA activities.

Signature: _____

Print Name: _____

Date: _____

Family member names: _____



**SUNKIST SWIM TEAM
RELEASE AND WAIVER**

I understand that Sunkist activities have inherent risks and I hereby assume all risks and hazards incident to my participation in all Sunkist activities. I further waive, release, absolve, indemnify and agree to hold harmless Sunkist Swim Team, its employees, sponsors, officers, directors, vounteers, and facilities used by the team from any liability arising out of any injury to the swimmers(s) listed above which may occur while the swimmer(s) is/are participating in Sunkist Swim Team program. This includes, but is not limited to, practices, meets, travel trips and other team activities.

Signature: _____

Print Name: _____

Date: _____

Family member names: _____

**SUNKIST SWIM TEAM
TERMS AND CONDITIONS FOR PARTICIPATION**

1. The yearly club registration fee and USA Swimming registration fee are not refundable and must be paid prior to the swimmer entering the water. New swimmers to the Sunkist Swim Team may participate for a maximum of two weeks prior to payment of the registration fees.
2. Commitment periods are as follows: Junior, Senior and National groups are on an annual agreement, from September through August; Orange, Blue and Junior 2 groups are on a monthly basis, requiring a 30 day written resignation notice. When a swimmer is moved from one group to another, the commitment period for the highest group in which they participate is in effect
3. Sunkist Swim Team monthly dues will be drafted on the twentieth (20th) of each month.
4. Meet entry fees are in addition to the monthly dues. Entry Fees are due in advance of the swim meets. Non-payment of entry fees may result in non-participation for the swimmer(s).
5. Should a swimmer decide to discontinue participation in the program with the Sunkist Swim Team, the monthly dues for the month of which he/she swims any portion thereof and any other outstanding fees are considered an obligation to the Sunkist Swim Team, and are payable upon termination of participation. Anyone who decides not to swim during a month must let the Membership Chairman know in writing by the fifteenth (15th) of the month prior to their last month.
6. All swimmers, who are members of the Sunkist Swim Team, are required to participate at their highest level of achievement in championship meets (including relays).
7. Each family is responsible for fund raising for the Sunkist Swim Team either through raising corporate sponsors, meet sponsors or Swim-A-Thon participation.
8. Each family is responsible for 50 volunteer points per season, as outlined in the Volunteer Point Program Guidelines.
9. Each parent and swimmer is responsible for keeping up with the latest team information by regularly reviewing and utilizing the Sunkist website.
10. Each swimmer will be asked to sign the Sunkist "Rules and Code of Ethics" and failure to comply with this code may result in the swimmer being asked to leave the team.
11. Any payment returned to the Sunkist Swim Team for Non-Sufficient Funds will be subject to a \$25.00 additional handling charge.

I understand and agree to the above terms and conditions of the Sunkist Swim Team in exchange for the privilege of my child(ren), registered with this form, to participate in the activities and swimming program of the Sunkist Swim Team.

Signature of Parent or Guardian

Date

Printed Name of Parent or Guardian

**SUNKIST SWIM TEAM
BILLING AND PAYMENT POLICIES**

Registration Fee:

Sunkist Swim Team Registration Fee is \$75.00 per family per year. If joining the team after March 1st, the registration fee is \$37.50 per family for the rest of the year (thru August 31). If joining in June/July, the registration fee is \$75.00 per family and is considered a pre-payment of the registration fee for the following year. The Registration Fee is non-refundable.

USA Swimming Membership:

Every Sunkist swimmer is required to join USA Swimming. This registers the athlete and allows them to participate in sanctioned swim meets. Included with this registration is excess medical accident insurance that covers the athlete at any sanctioned event or supervised practice. Any swimmer that has not paid for this membership will not be allowed to swim. The annual non-refundable fee is \$53 per swimmer and checks must be made out to: Mississippi Swimming.

Swimming Dues:

The membership dues requirement for ONE SWIMMER is \$75.00 per month (if paying monthly).

Sunkist offers each family two payment schedules for membership dues.

Option 1: **ANNUAL PAYMENT**, includes a five percent (5%) discount for full payment of annual dues.

Option 2: **MONTHLY BANK DRAFT**, 12 monthly payments of \$75.00 for the first swimmer.

For families with more than one registered swimmer, Sunkist offers the following discounts:

2nd swimmer's dues are reduced 33%.

3rd swimmer's dues are reduced 60%.

No dues required for 4th or more swimmers.

| | Annual Dues (discounted 5%) | Monthly Dues Bank Draft |
|----------------------|--------------------------------|-------------------------|
| First Swimmer | \$855 | \$75 |
| 2nd Swimmer | \$570 | \$50 |
| 3rd Swimmer | \$342 | \$30 |
| 4th or more swimmers | \$0 | \$0 |

Commitment:

Swimmers in Orange, Blue, and Junior 2 Groups pay only for the months that they swim. If the swimmer swims at least once in a month, the swimmer is obligated to pay for the entire month.

Swimmers in Junior, Senior and National Groups must pay twelve (12) months of dues even if the swimmer does not swim the entire 12 months.

DUES ARE NOT REFUNDABLE. For the Orange, Blue and Junior 2 Groups, if you are going to discontinue swimming for any reason, you must notify the billing person by the 15th of the month prior to your last month. Notification must be made in writing via letter/email by the 15th in order to stop drafts.

Fundraising:

Fundraising events such as Swim-A-Thon and Sunkist hosted swim meets are a major part of the team's annual budget. Every swimmer is expected to participate in all Sunkist hosted events and to do their best to help with fundraising. Sunkist may establish minimum commitment levels for each event.

Billing:

For families paying by monthly bank draft, Sunkist will direct debit your checking account scheduled for the 20th of each month. Sunkist will only debit your account for the monthly membership dues amount. Additional charges for banquets, swim caps, equipment and other miscellaneous fees will be billed separately and you will receive a bill (email/hard copy) after the 20th of each month. If you have not paid by the 45th day after the billing, you will be notified by written notice that your swimmer may not attend practice or swim in a meet until the account is made current.

All balances for all swimmers must be cleared by September 1, February 1 and July 1, unless direct petition is made to the Board of Directors, or the swimmer(s) will not be allowed to practice or swim in meets, including championship meets such as State Meet and Zones.

Meet Fees:

Meet fees vary with each meet, consisting of a flat **Sunkist Meet Fee of \$15** plus charges designated by the meet host. The full Sunkist Meet Fee is required no matter how many days a swimmer will be participating in the meet. This covers the cost of our coaching staff and other incidental team expenses. The remaining amount due will be designated by the meet host and based on the number of individual and relay events entered, along with any event surcharges. Typically, individual events cost anywhere from \$3 to \$5 per event, with relays costing anywhere from \$1.20 to \$3.00 per swimmer.

Commitments to meets on the team schedule must be made online through the Sunkist website under event sign-up by the designated deadline date. Swimmers can only un-commit prior to the deadline by selected to do so online. After the deadline, swimmers will be committed to fees associated with the swim meet even if having to cancel participation in the meet for any reason. Sunkist must send full payment to the host team in advance of the meet and because of this meet fees are non-refundable past the deadline date.

The coaching staff reviews the meet entries and then makes final decisions as to what events the coach wants each swimmer to swim. Once the entries have been approved by the Head Coach, a report will be printed listing the entries and providing the total meet fees due for each swimmer. This meet report will be emailed and posted on the office window as soon as possible prior to the meet.

*****MEET FEES ARE DUE PRIOR TO THE MEET*****

Failure to pay meet fees in advance may result in not being allowed to swim in the meet. Please do not give the coaches your payments. You may place checks in the payments box in the Sunkist office (please mark clearly what the payment is for and seal in a closed envelope if paying in cash) or mail payments to:

LaVonda White, Sunkist Swim Team, P.O. Box 320542, Flowood, MS 39232.

SUNKIST SWIM TEAM RULES AND CODE OF ETHICS

The following rules are in effect at all times. Additionally, anyone who, in the opinion of the coach or coaches, acts in a manner that would interfere with practice objectives or team goals may be disciplined and/or suspended from the team.

1. Any swimmer who is in possession or known to use alcohol, illegal drugs or tobacco in any manner is subject to suspension from the team.
2. Any swimmer that willingly takes a performance enhancing substance or willingly uses a banned piece of equipment, whether it be a dietary supplement, steroid and/or other banned substance, illegal swimsuit, etc. is subject to suspension from the team.
3. Any swimmer involved in stealing or vandalism of any kind is subject to suspension from the team.
4. Every swimmer shall commit to teamwork and help to support the values of discipline, loyalty and hard work.
5. No swimmer shall interfere or undermine the seasonal goals of the team.
6. No swimmer shall participate in any activity that is considered hazing, initiation or bullying. All swimmers understand that Sunkist has zero tolerance for such behavior.
7. No swimmer shall interfere with the progress of another swimmer, during practice or otherwise. Taunting, splashing, name-calling and any other behavior considered divisive and detrimental to the team will result in serious disciplinary action.
8. Each swimmer will treat all teammates, coaches, pool staff, parents, officials, visitors and competitors with respect at all times.
9. Each swimmer commits to protecting and improving the reputation of the team.
10. Swimmers must be punctual to all practices, warm-up times and team meetings, and bring with them all the necessary equipment.
11. Swimmers shall follow coach instructions to the best of their abilities without being disruptive. This includes completing workouts as asked by the coaches, leaving on the appropriate send-off, completing the entire length without stopping, refraining from walking on the bottom or pulling on the lane lines and striving to use legal strokes, turns and starts as required with each workout.
12. All swimmers shall represent themselves, the team and their pool in a positive manner.
13. All swimmers shall sit in the areas designated for the team during swim meets.
14. All swimmers shall show good sportsmanship at all times whether at practice or at meets, regardless of the outcome of a race or a meet.
15. Unsportsmanlike behavior will not be tolerated at any time, even in jest. This includes inappropriate language, gestures and physical behavior toward another person, as well as insubordination to coaches, staff or meet officials.

16. The head coach holds the final word on any rules, regulations or disciplinary actions.

17. All swim team members shall abide by these team rules which will help us meet our goals with respect to being good community representatives, improving our swimming techniques and times, developing socially and enhancing our swimming experience.

I recognize my responsibility to abide by the rules and requirements of the Sunkist Swim Team. I am representing and I acknowledge that I have received and read such.

Swimmer: _____ Date _____

Swimmer: _____ Date _____

Swimmer: _____ Date _____

Swimmer: _____ Date _____

Parents and Guardians are expected to abide by the same code of conduct, including adherence to the rules set by the board, head coach and meet directors regarding conduct during practices, meets and other team events. By signing, you acknowledge that you and your swimmer are aware and committed to following the Sunkist Swim Team Rules and Code of Ethics.

Parent/Guardian: _____ Date _____

SUNKIST SWIM TEAM VOLUNTEER POINTS PROGRAM GUIDELINES

1. Sunkist Swim Team relies on a strong support system of parent volunteers to help run all our meets, events and team activities. Volunteers are the life-blood of any swim team and the backbone of our sport. Without parental involvement, there would be no swim meets as meets at every level require the coordinated effort of many volunteers. Your role as a volunteer is vital to the team and will have a great impact on your child's athletic environment.
2. All Sunkist Swim Team families are required to complete 50 volunteer points over the course of the year at swim meets and other official team activities. Volunteering for a job is simple and automated through the job sign-up function on the Sunkist website. Each job has a corresponding number of points related to hours on duty and the total points are tracked via our website.
3. For team hosted events, families can choose a job assignment online from the various jobs posted for the event. At events hosted by others, Sunkist may be asked to provide volunteers (such as timers or officials at away meets). For such cases, an email will go out after the event asking for volunteers to turn in their hours so points can be accumulated and accounted for.
4. After fulfillment of the required portion of the program, families have the opportunity to earn additional points that will accumulate and qualify them for special awards, as approved by the Board of Directors.
5. Volunteers are required to work the entire scheduled sessions for which they signed up to receive credit. Example: if you have signed up to work a session as a meet timer, you are responsible for timing that entire scheduled session. If you need to be relieved of timing, it is your responsibility to find someone to take over your position and fulfill your commitment. Please do not ask to leave after your child's last race if you have not finished your entire session—partial credit will not be given. You will need to fulfill your entire session to earn the corresponding points. Your relief timer will not receive credit—only the family who signed up for the slot will receive credit.
6. Failure to show up for an assignment for which you committed may result in being assessed a penalty fee as determined by the review and discretion of the Board of the Directors. It is important that you show up and follow through with all volunteer commitments.
7. A family's volunteer commitment may be fulfilled by any member of the family or even a family friend. Some positions may have minimum age requirements and/or training requirements. The Sunkist Volunteer Opportunity List provides examples of various jobs needed from time to time.
8. Only the number of positions offered online to be staffed will receive the point fulfillment. Example: if only 3 positions are needed to run the concession stand for a meet session, then only 3 families who signed up for those slots will get credit for working. A fourth person cannot "help out" the day of the meet and obtain credit for working the concession stand if the three allotted slots are already filled.
9. The Sunkist Volunteer Points Program runs on an annual basis, beginning at the start of Short Course season (September 1) and running through to the end of Long Course season (August 31).
10. The Sunkist Board of Directors reserves the right to review and adjust the volunteer system as necessary. Additional volunteer opportunities may be offered and/or approved throughout the program period.

**SUNKIST SWIM TEAM
VOLUNTEER OPPORTUNITY LIST**

Meet Volunteer Opportunities:

Meet activities are designated by the Meet Director, job assignments are usually considered 2-hour blocks with each 1 meet session divided into 2 volunteer work sessions.

Meet Director/Director-in-training
Meet Referee
Announcer
Certified Officials and Judges
Meet Computer Operator
Meet Console Operator
Head Timer
Timers
Runners
Clerk of Course
Heat Winner Provider
Results Poster
Awards Preparation
Heat Sheet/Program Producer
Ad Sales Chair
Heat Sheet Sales Staff
Concessions Chair and Staff
Hospitality Chair and Staff
Set-Up Crew
Take Down Crew
Clean Up Crew
Food Donations Coordinator
Shoppers

Team Volunteer Opportunities:

Directors of the Board
Officers of the Board: President, Secretary, Treasurer
Committee Chairs: Meet Director, Volunteer Program, Sponsorship, Celebrations,
Publicity
Committee Members
Event Volunteers
Mississippi Swimming LSC Positions

**SUNKIST SWIM TEAM
VOLUNTEER POINTS PROGRAM AGREEMENT**

I have received and read the Sunkist Volunteer Points Program Guidelines. I fully understand and agree to serve as a volunteer of Sunkist Swim Team as required by the program.

Signature: _____

Print Name: _____

Date: _____

Swimmer names: _____

**SUNKIST SWIM TEAM
PUBLICITY PHOTOS/VIDEOS WAIVER**

INFORMED CONSENT

I understand that photos are occasionally taken at Sunkist Swim Team activities and events, and that any photos/videos taken of my child(ren) may be used for publicity and marketing purposes.

Signature: _____

Print Name: _____

Date: _____

Swimmer names: _____

