



## ConocoPhillips Splash Club

B 66 Adams Building  
Bartlesville, OK 74004  
918.661.0349

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[www.conocophillipssplashclub.org](http://www.conocophillipssplashclub.org)

Welcome to the ConocoPhillips Splash Club. We are excited that you have expressed an interest in our program and would like to tell you a few things about the club. Bob Staab is the Head Coach and can be reached at 661-0349 or [bob.j.staab@conocophillips.com](mailto:bob.j.staab@conocophillips.com). Ben Harlow is the age group coach and he can be reached at 661-5062 or [ben.a.harlow@conocophillips.com](mailto:ben.a.harlow@conocophillips.com). Their offices are located in the Aquatic Center at the Adams Building.

### What does it cost to be a member of the Splash Club?

New members to the team pay an initial joining fee (\$ 150 for women and \$ 130 for men). Included in this fee are: your 1<sup>st</sup> years USA Swimming registration fee, your first and last months dues payment, a team suit, a team t-shirt, a team cap, and a pair of goggles. Following your first month, you will be responsible for paying the training fee for your group (see below).

Bronze team training group:	\$33 a month per swimmer*
Silver 2 team training group:	\$37 a month per swimmer*
Silver 1 team training group:	\$40 a month per swimmer*
Gold 2 training group:	\$45 a month per swimmer*
Gold 1 training group:	\$50 a month per swimmer*

\* Multi-family discounts occur when a family has two or more swimmers participating on the Splash Club. Each family member must pay the initial registration fee, then the monthly discounts will occur for the monthly training fees following the first month.

First family member	- Full Price
Second family member	- 10% Discount
Third family member	- 20% Discount
Fourth (and over) member	- 100% Discount

Dues are paid every month year round whether we swim or not.

### What if I do not work for ConocoPhillips?

If you are not eligible for a Wellness Fitness Services membership there is an additional \$ 15.50 monthly non-member fee (per family) that is due to the Splash Club. This will be part of your monthly Splash Club bill.

## **How to pay your Fees:**

Monthly statements are sent to via email and you may pay your bill either; on-line thru the website or by check, make your check payable to “Splash Club”, and deposit the check in the mail slot of the mailboxes on the pool deck; or mail to:

**Splash Club Treasurer**

B66 Adams Building

Bartlesville, OK 74004

Dues will be considered late if they are not received by the 10<sup>th</sup> of the month. A late fee of \$4.00 may be assessed for each month that the dues are late. Fees must be paid even if a swimmer misses part of a month. Additional penalties may occur for accounts that are three months or more in arrears; such as the swimmer not being allowed to participate in any Splash Club activities including practices, meets ad team functions.

## **Use of swimmer and family information.**

The Splash Club from time-to time will make available to its members, team rosters which contain swimmer and family information such as names, address, phone numbers, birthdates, etc. If you do not wish for this information to be provided to all members of the team, please let us know. We will not provide this information to anyone outside of the Splash Club.

At other times the Splash Club may make take pictures at meets for use by the team on brochures, recruiting information, banquet programs, etc. If you wish that your child not be a part of this, please write us a note and return it with your registration form.

Date: \_\_\_\_\_

### Swimmer/Family Registration Information

Swimmer's Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Birth date: Month \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

Sex: \_\_\_\_\_

School: \_\_\_\_\_

Grade: \_\_\_\_\_

T-shirt size: \_\_\_\_\_

Swim suit size: \_\_\_\_\_

Swimmer's email: \_\_\_\_\_

Swimmer's cell: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

**Parent(1) Name:** \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone (w): \_\_\_\_\_ Phone (m): \_\_\_\_\_

Place of Employment: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**Parent(2) Name:** \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone (w): \_\_\_\_\_ Phone (m): \_\_\_\_\_

Place of Employment: \_\_\_\_\_

E-Mail: \_\_\_\_\_

\_\_\_\_\_ Please do not share this information with other members of the Splash Club\*

\* (this will be used by some however in preparation for swim meets, mailings, etc.)

**Emergency Information**

Known Allergies: \_\_\_\_\_

Medication: \_\_\_\_\_

Medical Condition Affected By Exercise (I.E. Diabetes, Asthma): \_\_\_\_\_

\_\_\_\_\_

Medical History: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Choice Of Hospital: \_\_\_\_\_

Choice Of Doctor And Phone Number: \_\_\_\_\_

Name And Phone Number Of Person Other Than Parent To Reach In Case Of Emergency: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**General information:**

How did you find out about the Splash Club? \_\_\_\_\_

\_\_\_\_\_

Is there anything else we should know about your child or family? \_\_\_\_\_

\_\_\_\_\_

Areas of interest you may have in helping the team?

Computers \_\_\_\_\_ Timing at swim meets \_\_\_\_\_

Concessions \_\_\_\_\_ Fundraising \_\_\_\_\_

Other \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**WELLNESS & FITNESS FACILITY  
RELEASE, WAIVER OF LIABILITY, AND INDEMNIFICATION AGREEMENT**

In consideration for ConocoPhillips Company allowing my and/or my minor's use of the ConocoPhillips Wellness & Fitness Facility, its exercise programs, activities, and other services (collectively "Facility"), I, the undersigned, fully understand and agree to assume the sole risk of such use. Accordingly, I, on behalf of myself, spouse, heirs, estate, and assigns, expressly agree to release and hold harmless ConocoPhillips Company, and any of its present, former, or future subsidiaries, divisions, and affiliates, and its and their respective directors, officers, employees, contractors, agents, heirs, legal successors and assigns (collectively "Released Parties") from and against any and all claims, suits, demands, losses, damages, expenses, or liability arising under any cause, or claimed under any theory of law, that may arise from any property damage or loss, injury, illness, or death, including that which may result to me and/or my minor, during or arising in any way from my and/or my minor's use of the Facility, including but not limited to, any such claims arising from the negligence (whether active or passive, sole or concurrent) of any of the Released Parties.

I understand and agree that it is my responsibility to assess the hazards presented by use of the Facility, and further agree that I am the ultimate judge as to whether I and/or my minor can use the Facility without risk or injury to ourselves.

If a medical clearance must be obtained prior to my and/or my minor's use of the Facility, I agree to consult a physician and obtain written permission prior to use of the Facility.

I agree that I am responsible for monitoring my and my minor's condition during use of the Facility, and if any symptoms occur, my minor or I will cease such use and seek assistance immediately.

I understand that use of the Facility is voluntary and is not a requirement of ConocoPhillips Company.

By signing this Release and Waiver of Liability, I affirm that I have read this form in its entirety, that I understand its content, and that I am signing it voluntarily. I also affirm that my questions regarding the Facility have been answered to my satisfaction.

\_\_\_\_\_  
Printed Full Name of Participant over age 18 (First, Middle, Last)

\_\_\_\_\_  
Signature of Participant over age 18

\_\_\_\_\_  
Date

**Participant Classification**

- Employee
- Employee Spouse
- Dependent Over age 18
- Minor Dependent
- Retired Employee
- Retiree Dependent
- Guest
- COP Visiting Employee
- Other: \_\_\_\_\_

**Indemnification for Minor Participants:** The undersigned parent or guardian further agrees to indemnify, save and hold harmless the Released Parties from and against any and all claims, suits, demands, losses, damages, expenses, or liability arising under any cause, or claimed under any theory of law, that may arise from any property damage or loss, injury, illness, or death, that may brought, alleged, or incurred by or on behalf of the minor and during or arising in any way from the minor's use of the Facility, including but not limited to, any such claims arising from the negligence (whether active or passive, sole or concurrent) of any of the Released Parties.

\_\_\_\_\_  
Printed Full Name of Minor Participant (First, Middle, Last)

\_\_\_\_\_  
Signature of Parent or Guardian (required if Participant is under age 18)

\_\_\_\_\_  
Date

# Bartlesville Safety Compliance

## Wellness-Fitness Services Safety/Emergency Procedures

Safety is a high priority at ConocoPhillips, and the Wellness-Fitness Services group encourages everyone to practice good safety habits at all times while using the facilities and equipment. It also is recommended that all participants consult with their physician before starting an exercise program.

The Wellness-Fitness Services staff is trained in first aid, CPR, AED (automatic external defibrillator) and oxygen use. AED equipment is available for use by any trained person.

The downtown ConocoPhillips emergency phone number is 1-6789.

Be prepared to provide your name, nature and exact location of the emergency, number of victims and their condition.

If you are outside the ConocoPhillips complex and need to report an emergency, call 911.

## Medical Emergencies

If you experience any pain, discomfort or tightness in the chest, neck, back jaw or arms, nausea, shortness of breath, dizziness or light headedness and unusual fatigue during activity, stop exercising and notify the Wellness-Fitness Services staff immediately.

In the event of any emergency within the ConocoPhillips downtown Wellness-Fitness Services facility, contact the nearest Wellness-Fitness Services staff or security guard.

**Fire:** Activate the fire alarms located throughout the facility. Call 1-6789. Alert others in the area. Do not use elevators. Do not attempt to fight the fire. Follow the facility evacuation process posted in the facility.

**Severe weather:** Follow the facility evacuation process to a safe location – preferably the basement level. Stay away from windows and heavy equipment. Evacuation and safe areas are posted in the facility.

## General Facility Safety

Walk, don't run; use closed containers for transporting beverages, no glass containers, report any spills to the staff; respect others, no horseplay, foul language and/or gestures.

**Locker Rooms:** keep locker doors closed when not in use, use caution in tile areas – wet floors may be slippery, and read operating instructions before using the swimsuit spinners.

**Aquatic Center:** children age 6 and under must be accompanied by an adult in the water, do not enter the water unless there is a certified lifeguard on deck, use caution on tile deck – may be slick at times, notify lifeguards if assistance is needed entering or exiting the pool, and follow all pool rules posted in the aquatic area.

**Gymnasium:** use good sportsmanship at all times, play safe, do not hang on basketball rims or hang over railings, keep personal items off gym floor to avoid tripping and slipping and do not pull or hang on court dividers.

**I have read the Bartlesville Safety Compliance.**

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

Date: \_\_\_\_\_

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