

Dear BISC Swimmers and Families,

Welcome to **Bainbridge Island Swim Club** (the Bluefins)! Our program is designed to benefit swimmers with a wide range of competitive swimming goals, ranging from novice level swimmers to national level swimmers. **We strive for all our swimmers to reach their personal best.** Besides teaching the basic four competitive strokes, we strive to develop a healthy lifestyle in each of our swimmers. We work on instilling a life-long love of the sport of swimming, developing self-discipline, self confidence, and good sportsmanship.

Communication between coaches, swimmers and families is a top priority. We use four tools to aide in achieving clear, consistent communication.

- **Team website** www.teamunify.com/pnsbisc
- **Swimmer's folders** (located in Ray pool by team bulletin board)
- **Verbal communications** from coaches before & after workouts
- **Team bulletin boards** (located in Ray pool & in pool lobby)

As a member of BISC, you will be registered on our Team Unify website and issued a password for access. The website is where you sign up for meets, view your monthly invoice (paper bills will be mailed upon request), sign-up for volunteer jobs and view the team calendar. Your swimmer should check their personal folder on a daily basis for team newsletters, awards from swim meets, and updates from coaches. Bulletin boards will have important information about meets, pictures and sign-ups for events. Please ask coaches or other team parents if you have questions about any team communications.

Our swim team and home swim meets are supported by the Parent Booster Club which is comprised of the families of the swimmers. At our home meets, **every family volunteers in some capacity.** The timers, officials, and concessions workers at swim meets are all volunteers without whom swim meets wouldn't happen. The Parent Booster Club is run by elected parent volunteers who oversee fundraising, social activities, award banquets and home swim meets. Our current Booster Club Board president is Al Williams. So look around, ask questions, and see where your talents can best be put to use.

Opportunity to order team gear will be during the Fall and Spring, watch the website for more information. A navy competition suit and yellow team swim cap are the only **required** items. Optional items available include warm-ups, sweats, t-shirts, backpacks and parkas all with our team logo on them.

If you have questions about the registration material, feel free to contact Nancy Rogers or Patti Peterson at 206-842-2302. Submit completed forms to the front desk in the pool lobby. We look forward to seeing your swimmer at practice.

Bob Miller
Head Coach

Carolyn Ackerley
Asst. Coach

Patti Peterson
Asst. Coach

Leilani Tonsmann
Asst. Coach

2009 – 2010
Contents of Registration Packet
For
Bainbridge Island Swim Club (BISC)

Welcome to BISC! This packet contains all of the forms and information you will need to register. Please check this packet carefully to ensure that it contains one copy (per swimmer) of each of the following forms:

- Welcome Letter
- BISC Registration Form
- Swimmers Medical Information and Waiver Form
- Authorization for Credit Card Payment
- USA Swimming Registration Form

When you have completed your forms, please print them out and submit them along with applicable payment to the staff at the front desk at the pool.

You will need to return the following items in order to be considered registered:

✓ **Check payable to “BIMPRD” covering the following items:**

1. USA Swimming Registration Form (choose one option)
 - \$61.00 if swimmer will swim throughout the year
 - \$61.00 if swimmer will compete in the summer only at the Sectionals level;
 - \$32.50 if registering after April, 2010. \$

 2. 1st Month’s Training Fees (refer to BISC brochure) plus any prior balance due.\$

 3. Annual Family Registration Form (choose one option)
 - \$100 if swimmer(s) will participate 12 months;
 - \$75 if swimmer(s) will participate 9 months;
 - \$50 if swimmer(s) will participate 6 months;
 - \$25 if swimmer(s) will participate 3 months. \$
- Total due to BIMPRD \$

✓ **Check payable to “BISC” covering the following item:**

\$15 – BISC Social Fee

- ✓ **Registration Form**
- ✓ **Swimmer’s Medical Information and Waiver Form**
- ✓ **Authorization to Charge Credit Card (Automatic Payment)**

Bainbridge Island Swim Club

2009– 2010 Swim Season Registration

Personal Information:

Date:

Swimmer Last Name: First: Middle:

Nickname: Birthdate: Sex: School:

Swimmer's Address:

Billing Address (If different):

Swimmer's phone: Email:

Parent/Guardian Name: Home Phone:

Cell Phone: Work Phone: Email:

Parent/Guardian Name: Home Phone:

Cell Phone: Work Phone: Email:

Primary Email for Website Registration:

Would like to receive a paper bill? No Yes

Registration Fees: Combine amounts for the three fee categories below, and make your check payable to BIMPRD.

1. **USA Swimming Registration** (choose one option)

- \$61.00 if swimmer will swim throughout the year
- \$61.00 if swimmer will compete in the summer only at the Sectionals level
- \$32.50 if swimmer registers after April 1st

2. **Annual Family Registration** (choose one option)

- \$100.00 if swimmer will participate 12 months;
- \$75.00 if swimmer will participate 9 months;
- \$50.00 if swimmer will participate 6 months;
- \$25.00 if swimmer will participate 3 months.

3. **1st Month's Training Fees plus any prior balance due.** Refer to the BISC Program, Fees & Workout Schedule included in this packet to determine training fees.

New swimmers need to try out to determine swim level. See Bob for more information about level placement. Please enter the swimmer's level below.

Swimmer's Level:

Bainbridge Island Swim Club
Swimmer Medical Information 2009 – 2010 Season

Please note that there is a front and back side to this form. We apologize for asking you to complete your personal information again; the coaches need to have this information with them at workouts and at meets.

Personal Information: *Please print legibly* Date:

Swimmer Last Name: First: Middle:

Nickname: Birthdate: Sex: School:

Swimmer's Address:

Swimmer's phone: Email:

Parent/Guardian Name: Home Phone:

Cell Phone: Work Phone: Email:

Parent/Guardian Name: Home Phone:

Cell Phone: Work Phone: Email:

Swimmer's Physician: Phone:

Hospital Preference:

Medical Insurance Company: Subscriber's Name:

Policy Number: Group Number:

Swimmer's Medical History: Please answer yes or no to the following questions. If you answer yes to any questions, please provide additional information below.

1. Has anyone in the athlete's family, (grandmother, mother, father, brother, sister, aunt, uncle) died suddenly before the age of 50?
2. Has the athlete ever passed out during exercise or stopped due to dizziness?
3. Does the athlete have asthma, wheezing, or coughing spells during or after exercise?
If so, what triggers these episodes? What medicines help?
4. Has the athlete ever broken a bone or had an injury to any joint?
5. Has the athlete had a previous head, neck or back injury?

6. Does the athlete have a chronic illness or see a physician regularly for any particular problem?
7. Does the athlete take any medicine regularly?
8. Does the athlete have allergies (medicines, bees, foods, hay fever, etc.)? If so,
what medicines help?
9. Has the athlete experienced a sports injury?
10. Is there any other medical issue the coaches should know about?

Please provide specific information on any positive answers:

Emergency Contacts: (if parents/guardians cannot be reached)

Name: Phone: Relationship:

Name: Phone: Relationship:

By my signature, I give permission for my child listed above to participate in Bainbridge Island Swim Club activities. Additionally, I authorize Bainbridge Island Swim Club (BISC)/Bainbridge Park District Employees, (Coaches, lifeguards) to obtain through physician of their choice, any emergency medical care that may be required for my child during the course of BISC activities or travel.

I understand that I will be contacted as soon as possible in event of any emergency.

Signature of Parent/Guardian _____ Date:

BISC Monthly Training Fees:

	One Swimmer	Two or more
Level 1	\$45	\$40
Level 2	\$74	\$67
Level 3	\$96	\$86
Level 4	\$113	\$102
Level 5	\$134	\$121
X training	\$96	\$86

Families with two or more swimmers will receive a 10% discount for the second+ swimmer.

BISC Training Schedule Sept. 2009 thru May 2010

Level 1*	T/TH	3-4p.m.*
	T/TH	4:15-5:15p.m.
	Sat	10-11 a.m.
Level 2*	M/T/W/TH	3-4p.m.*
	M/T/W/TH	4:15-5:15p.m.
	Sat	10-11a.m.
Level 3*	M/W/F	6-7:15 a.m.
	M/T/W/TH	3-4:15p.m.*
	M/W	5:30-6:45 p.m.
	T/TH	5-6:15 p.m.
	Sat.	10-11:15 a.m.
Level 4	M/W/F	6-7:30 a.m.
	M/W	5:30-7 p.m.
	T/TH	5-6:30 p.m.
	Sat.	10-11:30 a.m.
Level 5 NTG	M/W/F	6-8:00 a.m.
	M/W	5:30-7:30 p.m.
	T/TH	5-7:00 p.m.
	Sat.	10a.m.-12:00 noon

X Training 3-5 practices a week with Level 3's or 4's

*swimmers in Levels 1,2 & 3 who are in 4th grade or below should attend the earlier afternoon practices.

Bainbridge Island Swim Club

Authorization for BIMPRD to Charge Credit Card

I, _____ hereby authorize the Bainbridge Island Park District to:

- Charge my credit card account for registration fees and monthly BISC fees throughout the year.
- Charge my credit card account monthly throughout the year for BISC fees ONLY.
- Charge my credit card account for registration fees ONLY.

If paying monthly, charges will be made on the first day of each month until

- BIMPRD receives written notice to stop the use of your credit card for BISC fees; or
- August, 2010.

Please indicate card type:

- Mastercard
- VISA

Card Number: _____ Expiration Date: _____
3-digit Security Code (on back of credit card)

Signature of Card Holder: _____

Any changes to automatic billing need to be made prior to the first of the month.