

WhiteWater Aquatics

SUMMARY CHECK-OFF PAGE

(Attach This Page As The 1st Page With The Athlete's Submitted Application)

NAME OF ATHLETE: (Please print)

Last Name: _____ First Name: _____ Initial: _____

Parent's Name: _____ Parent's Signature: _____

1. Summary Check-Off Page
2. Athlete/Family Information
3. Athlete Code of Conduct
4. Apparel Sizing Form
5. Authorization for Consent for Emergency Care
6. Parent Code of Conduct
7. Membership Dues/Responsibilities

Please return this registration packet, with each page filled out and signed by a parent along with a check for \$175 per swimmer to the address below or by hand at the Team BBQ Event.

WhiteWater Aquatics
PO Box 46517
Seattle, WA 98146

Our team BBQ will be held outside Foster HS Pool in Tukwila on September 6th, 2008 from 10am-12pm. Hot dogs and hamburgers will be provided, please check the website in September for more information on what to bring.

Parent/Guardian Initials _____

WhiteWater Aquatics

ATHLETE/FAMILY INFORMATION

NAME OF ATHLETE: (Please print)

Last Name: _____ First Name: _____ Initial: _____

Preferred Name: _____ Date of Birth: _____ Gender: _____

Phone #: _____ E-Mail Address: _____

Other swim affiliations: _____
(i.e. school swim team, summer swim league)

BILLING CONTACT INFO: (Please print)

Last Name: _____ First Name: _____ Initial: _____

Billing Address: _____

City: _____ State/Zip: _____ Phone #: _____

Phone 2: _____ E-Mail Address: _____
(for log-in to team website)

Additional E-mail: _____

GUARDIAN NAMES: (Please print)

Guardian 1

Last Name: _____ First Name: _____ Relationship: _____

Work Phone: _____ Mobile Phone: _____

Guardian 2

Last Name: _____ First Name: _____ Relationship: _____

Work Phone: _____ Mobile Phone: _____

Parent/Guardian Initials _____

WhiteWater Aquatics

ATHLETE CODE OF CONDUCT

NAME OF ATHLETE: (Please print)

Last Name: _____ First Name: _____ Initial: _____

WWA CODE OF CONDUCT

As a member of WhiteWater Aquatics, I understand and will comply with the following guidelines set forth:

1. Team members will follow all instructions given by the coaches at practices, meets, and all other team activities.
2. Team members will display proper respect and sportsmanship toward coaches, teammates, officials, and the public, and refrain from any behavior that may discredit, or embarrass the team.
3. Team members will be respectful of other people's possessions and property and will refrain from activities that cause damage to either. Team members are financially responsible for any damage they cause.
4. Any physical or verbal harassment of others is strictly prohibited.
5. The possession or use of alcohol, tobacco products or controlled substances is prohibited at any time.
6. Team members are expected to follow all pool rules and facility rules at practices and meets.
7. Team members are expected to use appropriate language at all times at practice, meets, and all other team activities.
8. Team members are expected to display a positive attitude and refrain from any disruptive behavior at practices and meets, and give an honest effort in training and competition.

Any failure to comply with this Code of Conduct may result in disciplinary action within the coaches' discretion. These disciplinary measures may include, but are not necessarily limited to: a verbal warning, removal from practice, suspension, or dismissal from the team.

Team Member Signature: _____

Parent/Guardian Initials _____

WhiteWater Aquatics

APPAREL SIZING FORM

NAME OF ATHLETE: (Please print)

Athlete Name: _____ Gender: _____ Age: _____

NOTE: (Circle appropriate size)

Shorts: Y Small Y Med Y Large A Small A Med A Large A X-Large

T-shirt: Y Small Y Med Y Large A Small A Med A Large A X-Large

T-shirt (women's): Y Small Y Med Y Large A Small A Med A Large A X-Large

Sleeveless (Male): Y Small Y Med Y Large A Small A Med A Large A X-Large

Tank Top (Fem): Y Small Y Med Y Large A Small A Med A Large A X-Large

Polo Shirt: Y Small Y Med Y Large A Small A Med A Large A X-Large

Sweatshirt: Y Small Y Med Y Large A Small A Med A Large A X-Large

Sweatpants: Y Small Y Med Y Large A Small A Med A Large A X-Large

Swim Suit Style: Female: Bladeback **Male:** Jammer or Brief

Swim Suit Size: (Circle one) 22 24 26 28 30 32 34

Parent/Guardian Initials _____

WhiteWater Aquatics

AUTHORIZATION FOR CONSENT FOR MEDICAL CARE

NAME OF ATHLETE: (Please print)

Athlete Name: _____ Gender: _____ Age: _____

Your permission and the following medical information facilitate immediate medical attention in situations where you cannot be contacted quickly. Please read carefully and sign below.

Standard Medical Release

I, _____ authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and hospital procedures as may be performed or prescribed by a licensed physician for the child listed above while he/she is participating in WhiteWater Aquatic practices, swim meets, and/or other activities. I understand the sport of swimming carries a risk of serious injury and that first aid may be administered at the discretion of a coach or lifeguard. I agree to hold harmless and indemnify WhiteWater Aquatics, its Board members, and its employees from any and all liability, loss, damage, or expense whatsoever. If I cannot be reached in the event of an emergency, I waive my right to informed consent.

Emergency Contact Information *(please notate with an * the first number to try and reach)*

Parent/Guardian: _____ Parent/Guardian: _____

Cell Phone: _____ Cell Phone: _____

Work Phone: _____ Work Phone: _____

Home Phone: _____ Home Phone: _____

Emergency Contact

Contact: _____ Cell Phone: _____

Work Phone: _____ Home Phone: _____

Relationship: _____

Physician Contact

Family Physician: _____ Office Phone: _____

Family Insurance: _____ Policy number: _____

Medical conditions the coach should be aware of: *(please notify the coach personally of these prior to beginning the swim season)*

X Signature: _____ Date: _____

(Parent/Guardian)

Parent/Guardian Initials _____

WhiteWater Aquatics

PARENT CODE OF CONDUCT (p. 1)

NAME OF ATHLETE: (Please print)

Athlete Name: _____ Gender: _____ Age: _____

Dear WWA Parents and Members:

As our organization grows and we continue to expand our programs, we seek to establish or clarify our policies. Our policies help to guide the organization and ensure continued success. One of the first areas to be addressed is parent behavior - specifically, what type of behavior is expected of swimming parents.

WhiteWater Aquatics is fortunate to have highly experienced, professional coaches working to develop our children into better swimmers and more importantly, disciplined people. As parents, it is absolutely essential that we give our coaching staff the respect and authority they deserve to run our swim team. Our coaches are hired for that purpose.

WWA as an organization highly encourages the following parental behavior:

- Open communication between parents, swimmers and coaches emphasizing goal-setting and focusing on the performance expectations of both the swimmer and the parents
- Meeting with the coaches/swimmers/parents during normal operating hours to discuss issues
- Positive reinforcement of all swimmers in all situations - team spirit, team loyalty
- Parental involvement on the Board of Directors and in organizing and running of meets and other team events

WWA as an organization will not tolerate the following behavior from parents:

- Coaching your children at practice or during meets, that is the coach's job
- Interrupting or confronting the coaching staff on the pool deck during practice or meets
- Abusive language towards coaches, swimmers, parents, officials and your own children
- Any behavior that brings discredit or disruption to our swimmers and our organization

Enclosed is a Parent Code of Conduct. The Code was developed as a standard to emphasize our organization's commitment to making everyone's involvement with our club a positive experience.

Parent/Guardian Initials _____

WhiteWater Aquatics

PARENT CODE OF CONDUCT (p. 2)

WhiteWater Aquatics Parent Code of Conduct

As a parent of a swimmer and member of WhiteWater Aquatics, I will abide by the following guidelines:

- I. Practice *teamwork* with all parents, swimmers and coaches by supporting the values of *Discipline, Loyalty, Commitment and Hard Work*.
- II. As a parent, I will not coach or instruct the team or any swimmer at a practice or meets (from the stands or any other area) or interfere with coaches on the pool deck.
- III. Demonstrate good sportsmanship by conducting myself in a manner that earns the respect of my child, other swimmers, parents, officials and the coaches at meets and practices.
- IV. Maintain self-control at all times.

Swimmers – Swim
Coaches – Coach
Officials – Officiate
Parents – Parent

- V. As a parent, I understand that criticizing, name-calling, use of abusive language or gestures directed toward the coaches, officials, and/or any participating swimmer will not be permitted or tolerated.
- VI. Enjoy involvement with WhiteWater Aquatics by supporting the swimmers, coaches and other parents with positive communication and actions.
- VII. During competitions, questions or concerns regarding decisions made by meet officials are directed to a member of our coaching staff. Parents address officials via the coaching staff only.

Sanctions. Should I conduct myself in such a way that brings discredit or discord to WhiteWater Aquatics, or USA Swimming, I voluntarily subject myself to disciplinary action. WWA maintains the right to terminate any membership with/without cause in the interest of our vision, mission and objectives.

Parent's Signature: _____

Parent's Signature: _____

Parent/Guardian Initials _____

WhiteWater Aquatics

MEMBERSHIP DUES/RESPONSIBILITIES

WhiteWater Registration Fee: This is an annual fee of \$175/swimmer with a \$375 per family maximum. This charge includes the cost of the team suit, two personalized team caps, and a team water bottle. This also covers club administrative expenses and is due upon registration. This fee is reduced to \$115/swimmer after March 29th, 2009.

USA Swimming Registration Fee: This annual fee of \$60 per swimmer is payable to WhiteWater Aquatics. This covers insurance and a variety of other support services provided to clubs and athletes by USA Swimming and Pacific Northwest Swimming and is due upon registration. (Please note that this fee will increase by \$1.00/year until 2014 as set forth by USA Swimming)

Athlete Transfer Fee: The fee applies if the swimmer is changing swim clubs into PNS or within PNS.

Sessions: WhiteWater Aquatics has three sessions per year focused around the championship meet schedule as follows:

- Session 1 - September 8th - December 21st
- Session 2 - December 22nd- April 5th
- Session 3 - April 13th – July 27th
- Summer Prep Session- April 13th - May 30th

Group Dues: Members have the option of paying by month*, or for the entire session. If a member chooses to pay the entire session on the first billing period, a discount of 3% can be deducted. Dues are as follows and will be billed to you through the team website:

- Developmental 1 - \$315/session (or 3 equal payments of \$105/month)
- Developmental 2 - \$330/session (or 3 equal payments of \$110/month)
- Age Group 1 - \$405/session (or 3 equal payments of \$135/month)
- Age Group 2 - \$585/session (or 3 equal payments of \$195/month)
- High School Sprint - \$450/session (or 3 equal payments of \$150/month)
- Junior - \$615/session (or 3 equal payments of \$205/month)
- Senior - \$645/session (or 3 equal payments of \$215/month)
- Summer Prep- \$175/session

*Billing Dates: **Session 1-** Oct 1, Nov 1, Dec 1; **Session 2-** Jan 1, Feb 1, Mar 1; **Session 3-** Apr 1, May 1, Jun 1

Please circle one of the following billing options:

MONTHLY BY SESSION

Fundraising Expectations: As part of WhiteWater Aquatics, each swimmer is expected to participate in the fund raising activities of the club. Approximately 20% of the club's operating expenses are covered by fund raising events.

Meet Fees: These are payable to WhiteWater Aquatics and will be billed on your statement. They are composed of a base meet entry fee plus the cost of each individual event and are forwarded by WWA to the hosting club. WhiteWater Aquatics charges a fee of \$1 per individual event to cover relays, coaching and expenses. At championship meets, an additional fee may be added to the meet surcharge to cover team clothing for the specific meet.

Late Payments: Statements will be emailed at the beginning of each month and must be paid by the 10th. Late payments will be assessed a \$15.00 late fee. Payments not received by the 20th of that statement cycle may result in the rescinding of all swimming privileges. There will be a \$25.00 fee assessed for NSF checks.

Withdrawal from Team or Termination: If you are not planning to swim (temporarily or for the remainder of the season) you must notify Accounts Receivable in writing (email is sufficient) 30 days prior to the next monthly billing. A swimmer who participates in any practices within a billing cycle is responsible for the full session fee.

Parent/Guardian Initials _____