

Viking Swim Club

Swimmer's Name _____

Age _____ Birth Date _____ School _____ Grade _____

Parent(s)/Legal Guardian(s) _____

Residential Address _____

Billing Address _____

Homephone _____ Cell phone _____ Work phone _____

Email Address _____

If needed, please use the back of this form for additional contact information.

Emergency Contact _____ Phone _____

Family Doctor _____ Phone _____

Additional information (known medical problems, allergies, etc.)

Previously Registered in USA Swimming? NO ___ YES ___ If yes, List Club and location

Every VSC family is required to volunteer service during the swim season. Please circle three (3) choices below:

Meet official *	Swim Shop	Board Member
Timer	Social Events	Lane and Turn Judge*
Meet Director	Fundraising	Awards

*training required and provided by VSC.

As the parent/guardian of the above named child, I understand that I must pay a U.S.A. Swimming Registration Fee before my child will be allowed to participate in any aspect of the Viking Swim Club program, as this fee includes insurance covering my child I also understand that VSC does not provide additional Medical Insurance covering injuries in any nature incurred in the VSC program. The first month's dues will be paid in advance in addition to the USA Swimming Registration Fee.

I hereby release the VSC, its successor, assigns, officers, agents, and employees, and the Petersburg Borough from any and all claims, demands, and causes of any action whatsoever in any way growing out of our resulting from the participation of the above named participant in the VSC program.

Parent/Guardian _____

Date _____



CHECK APPROPRIATE SEASONAL PERIOD:

- SEASON 1 SEASON 2 INDIVIDUAL SEASON

THIS MEMBERSHIP IS ONLY FOR MEETS BELOW ZONE, SECTIONAL AND NATIONAL LEVELS.

PLEASE PRINT LEGIBLY • COMPLETE ALL INFORMATION:

Form fields for personal information: LAST NAME, LEGAL FIRST NAME, MIDDLE NAME, PREFERRED NAME, DATE OF BIRTH, SEX, AGE, CLUB CODE, NAME OF CLUB YOU REPRESENT.

NOTE: If you are 18 years of age or older, you are required to abide by to the Minor Athlete Abuse Prevention Policy. In addition, in order to be a member in good standing you must complete the Athlete Protection Training. The training can be accessed at www.usaswimming.org/apt

Form fields for guardian and contact information: GUARDIAN #1 LAST NAME, GUARDIAN #1 FIRST NAME, GUARDIAN #2 LAST NAME, GUARDIAN #2 FIRST NAME, MAILING ADDRESS, CITY, STATE, ZIP CODE, AREA CODE, TELEPHONE NO., FAMILY/HOUSEHOLD EMAIL ADDRESS, MEMBER'S EMAIL ADDRESS.

U.S. CITIZEN: YES NO

ARE YOU A MEMBER OF ANOTHER FINA FEDERATION? YES NO

IF YES, WHICH FEDERATION:

HAVE YOU REPRESENTED THAT FEDERATION AT INTERNATIONAL COMPETITION? YES NO

PAYMENT INFO:

Your club will be billed for your registration fee. Please contact your club for payment instructions. If you are registering with a club, do NOT send payment.

If you are registering as UNATTACHED, you will need to send payment with your application. Checks should be made out to Alaska Swimming.

OPTIONAL DISABILITY and RACE AND ETHNICITY section with checkboxes for various categories.

EMAIL / MAIL APPLICATION & PAYMENT (if unattached) TO:

AKSwimMembership@gmail.com
or
Angela Heaphy
17249 Yellowstone Dr
Eagle River, AK 99577

Table with 2 columns: Fee Type and Amount. Rows include 2020 REGISTRATION FEE, USA Swimming Fee (\$30.00), LSC Fee (\$10.00), and TOTAL DUE (\$40.00).

HIGH SCHOOL STUDENTS - Year of high school graduation:

YEAR LAST REGISTERED: IF YOU REGISTERED WITH A DIFFERENT USA SWIMMING CLUB IN 2019, ENTER THAT CLUB CODE: LSC CODE: AND THE DATE OF YOUR LAST COMPETITION REPRESENTING THAT CLUB:

- 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)

SIGN HERE x SIGNATURE OF ATHLETE, PARENT OR GUARDIAN DATE REG. DATE/LSC USE ONLY

VIKING SWIM CLUB ATHLETE PARTICIPATION AGREEMENT

As a registered athlete with the Viking Swim Club, you are required to behave in a respectful, sportsmanlike manner to all other athletes, adult non-athlete members and officials of the Club as well as all other clubs we may have contact with. The conduct of our members is a direct reflection on our Club and we expect everyone to act accordingly. We request that our members use courtesy and respect towards others during practice sessions, time trials, official meets and other Club activities.

The following is an outline of what types of behavior will not be tolerated and the consequences of such behavior if it is used. These rules apply to all swimmers for the duration of their participation in this Club regardless of lapse in attendance or registration.

Behavior:

The following may result in denial from participating with the team for the period of time stated.

Willful disobedience, dishonesty.

- Profanity, obscenity, abusive language. Provocation.
 - Fighting/assault
 - Theft/vandalism/malicious mischief.
 - Other unforeseen situations not defined herein or below.
-
- 1st Offense: Coach/parent meeting
 - 2nd Offense: Suspension of one week from next day's practice
 - 3rd Offense: Suspension of two weeks
 - 4th Offense: Two month suspension from all VSC swimming activities.

Use, possession or sale of alcohol, tobacco or illegal/controlled substances:

Occurrences of this nature will result in the following penalties to the swimmer upon immediate knowledge of the infraction:

- 1st Offense: Suspended from practice for one week and denied participation in the next swim meet.
- 2nd Offense: Suspended from practice for one month and denied participation in all future swim meets for one year.
- 3rd Offense: Denied participation on the team indefinitely.

If necessary, we will notify parents/guardians and the proper authorities of any infractions such as those noted above that we become aware of.

IN ADDITION, VIOLATORS OF ANY OF THE ITEMS LISTED DURING A TRIP MAY RESULT IN THE ATHLETE BEING RETURNED HOME ACCOMPANIED BY A CHAPERONE AT THEIR OWN OR THEIR PARENT'S EXPENSE.

ADDITIONAL RULES AND REGULATIONS MAY AND WILL BE ADDED AS NECESSARY.

The above rules apply to all registered athletes participating in VSC. Your signatures below indicate your understanding and acceptance of the VSC participation agreement.

Athlete signature

Date

Parent signature

Date

Family Volunteer Contract

Viking Swim Club is a volunteer/parent run non-profit organization that has been in existence for more than 40 years. Our club would not continue to move forward without the help of all of its members helping out throughout the season. Thank you for all you do!

As part of the VSC family, you are responsible for satisfying 20 volunteer points per swim season (September- May). Families with multiple swimmers will not require additional points per swimmer – the points are PER family. The family points may be earned by anyone in the family household (swimmer, parent, brother, sister, etc.). Points may not be transferred between families however.

You may sign up for a job(s) that carry an automatic point value (see sign-up sheet). Volunteer jobs are on a first come basis. You are not required to sign up for a job that carries an automatic point value, there will be "earn as you go" jobs and volunteer opportunities throughout the season as well (examples: timing at meets, various auction jobs, housing swimmers, help with mayfest fundraiser, hospitality, food, etc.).

The volunteer requirements are SEPARATE from the FUNDRAISING requirements. All swimmers/families will still be required to donate an auction item, sell raffle tickets, participate in laps for loot, etc.

If all volunteer points are not earned, you will be billed \$20/point at the end of the season. If you sign up for a job with an automatic point value and do not fulfill the job, you will not receive the full point value (determination of earned points in this situation will be decided by the VSC board of directors). **At the end of the season if you have not earned all 20 points you will be invoiced for \$20 per point in which you are short. (example: 0 points = \$400).**

Cherise Lister will be compiling family volunteer commitment points. It is your responsibility to report to her all of your information regarding jobs you've signed up for, completed and all earn as you go points in order to get credit for them.

Cherise email: cheriselister@hotmail.com

Parent Signature: _____ Date: _____

Pre-Determined Job (optional): _____

Viking Swim Club - Handbook and Communication Acknowledgement

I agree that I have been offered the chance to request a paper copy of the most current VSC Handbook or an electronic version of the most current VSC Handbook via email. The VSC Handbook is also available on our website: www.vikingswimclub.org

Please Initial One (of three):

_____ I would like to request a paper copy of the most current handbook.

_____ I would like the most current handbook emailed to me. Email Address: _____

_____ No thanks, I have read or will read the current VSC handbook on the club's website at www.vikingswimclub.org.

Please Initial Below:

_____ I understand that most club communication will happen via the Viking Swim Club Facebook page. I also understand that it is necessary to communicate with my child regarding practice schedules and changes in practice times.

_____ I understand that I can access my swimmer's times and account information (including payment information) by accessing the Viking Swim Team Website at www.vikingswimclub.org and logging on to their account.

_____ I understand that VSC dues shall be prepaid and that they are due by the 6th of the month.

Parent Signature: _____ Date: _____

VIKING SWIM CLUB
MEDICAL CONSENT FORM

SWIMMER INFORMATION

Full Name _____ Date of Birth _____
 First Middle Last

Mailing address: PO Box _____ Petersburg, Ak 99833
Street address: _____ Petersburg, Ak 99833

Mother: _____

Phone: hm _____ cell _____ work _____

Father: _____

Phone: hm _____ cell _____ work _____

Other contact information: _____

EMERGENCY CONTACTS

Name: _____

Phone: hm _____ cell _____ work _____

Name: _____

Phone: hm _____ cell _____ work _____

MEDICAL INFORMATION

MEDICAL CONDITIONS: _____

CURRENT MEDICATIONS: _____

ALLERGIES: _____

MEDICAL INSURANCE COMPANY: _____ POLICY/ID #: _____

CONSENT FOR EMERGENCY MEDICAL TREATMENT FOR SWIMMER

I, parent or guardian of _____, hereby consent to emergency medical treatment or hospitalization as may be necessary for the welfare of the above named child, by a physician, qualified nurse, or other medical practitioner and/or hospital in the event of injury or illness during all periods of time during which the child is away from his/her legal residence or traveling as a member of VSC. I hereby wave on behalf of the above named child and myself any liability to VSC arising out of such medical treatment, and absolve VSC of the responsibility in the case of accident or injury to the above named swimmer.

SIGNATURE: _____

Parent/guardian

DATE: _____



Minor Athlete Abuse Prevention Policy

I acknowledge that I have received, read and understood the Minor Athlete Abuse Prevention Policy and/or that the Policy has been explained to me or my family. I further acknowledge and understand that agreeing to comply with the contents of this Policy is a condition of my membership with Viking Swim Club_(a USA Swimming member club).

Name: _____

Signature: _____

Date: _____