SOUTH SHORE SAILS REGISTRATION AGREEMENT

Please fill out and return the following:

1) Registration Information Page
2) Non-TFC Member Account Application for Swim Team (for auto-draft)
3) Code of Conduct for Swimmers and Parents Page w/ signature (one per swimmer)
4) Release of Liability Page w/ signature (one per swimmer)
5) Medical Information and Emergency Release Page w/ signature (one per swimmer)
6) T-shirt Order Form (one free per swimmer, first year only)
7) Gulf Swimming Athlete Transfer Form (if swimmer belonged to another USA-S Team)
8) Gulf Swimming Athlete Registration Application (if swimmer needs to renew or join USA Swimming)

Please include the following payment:

1) Annual Team Registration Fee of $225 due beginning of short course season or at time of joining.
2) If joining for summer only, a prorated Annual Team Registration Fee of $125 will be due at time of joining.
3) Practice Group Fees vary, confirm with Head Coach for swimmer’s placement.
4) T-shirt Order Payment, if ordering extra, $20 each + tax. ($21.60)

Please return all forms and payment made payable to The Fitness Center at South Shore Harbour -  Attn: Shawn Squires (281)-334-2560

Welcome to the South Shore Sails!

Shawn Squires
Head Coach
(281) 334-2560

southshoresails@southshorefitness.com
www.southshoresails.com
**REGISTRATION AGREEMENT**  
**2019-2020 Short Course & Long Course Season**

I. REGISTRATION INFORMATION

- **Fitness Center Member**
- **Charge Fees to Account**
  - Member #:________________________ (For Office Use)

**FAMILY NAME:**

<table>
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<tr>
<th>Last</th>
<th>Mother</th>
<th>Father</th>
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**ADDRESS:**

- Street
- City
- State
- Zip
- E-mail Address

**PHONE:**

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<tr>
<th>Home</th>
<th>Father's Work</th>
<th>Mother's Work</th>
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<td><strong>Swimmer #2 Team Level Assignment:</strong></td>
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<td><strong>GRAD YR:</strong></td>
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<td><strong>Swimmer #3 Team Level Assignment:</strong></td>
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Non-TFC Member Account Application for Swim Team

Last Name                First Name                M.I.

Male                  Female                  Marital Status                  Date of Birth

Address                City                State                Zip

Email Address

Home Phone #               Cell Phone #

Swimmer #1 Name

Dev Level 1 Level 2 Level 3 Senior Grp Comp Grp Techfit

Swimmer #2 Name

Dev Level 1 Level 2 Level 3 Senior Grp Comp Grp Techfit

Swimmer #3 Name

Dev Level 1 Level 2 Level 3 Senior Grp Comp Grp Techfit

Swimmer(s) Emergency Contact Name & Phone #

OFFICE USE ONLY

Prospect #                Date Entered                Level & Rep Verified w/Coach
Authorization Agreement for Automatic Deposit/Debit

I (we) _______________________________________ hereby authorize The Fitness Center At South Shore Harbour, hereinafter called Company, to initiate credit/debit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) Credit/Debit Card_______ Checking _____ Savings______ (select one) indicated below and the depository name below, hereinafter called Depository, to credit and or debit the same to such account.

If using a checking or savings account, we must have a VOIDED check

Bank Name

Account #                                      Routing #

If using a credit/debit card, check card type below

[ ] Visa    [ ] MasterCard    [ ] Discover

Card #          Expiration Date
Card #          Expiration Date

Full Name (as it appears on card)

Billing Address                    City      State      Zip

I (we) ____________________________, agree for the debit above to be used for swim team monthly dues. I (we) understand that if my swimmer(s) level changes, my automatic draft amount will change to the new levels dues amount. I understand that it is my responsibility to keep track of all swim dues/charges.

Signed                      Date

I (we) ____________________________, hereby authorize The Fitness Center At South Shore Harbour, hereinafter called Company, to charge all swim team fees and dues to the account listed above, until I (we) terminate, in writing this request. I (we) understand that (I) we will not be contacted each time these charges take effect, and it is my (our) responsibility to know what each individual swim meet fee will be.

Signed                      Date
AGREEMENT

The undersigned parent, swimmer and the South Shore Sails (SSS) agree as follows:

(ALL FEES AND RATES ARE SUBJECT TO CHANGE)

1. **Fitness Center Membership:** Parents and swimmers are invited to become a member of THE FITNESS CENTER AT SOUTH SHORE HARBOUR (TFC). Fees are determined by TFC. Discounted swim team fees do apply to TFC members.

2. **Registration.**
   (a) An annual team registration of $140 per swimmer will be due September 1st. If the Swimmer joins mid season registration will be due in full at time of registration. If swimmer joins for only Short Course or Long Course then the fee will be prorated and due at registration. All payments shall be made to THE FITNESS CENTER AT SOUTH SHORE HARBOUR.
   (b) Registration includes: Team Cap, Team T-shirt (1st year only), and USA Swimming Registration.
   (c) **An annual Long Course fee of $100 will be due April 1st.** If the Swimmer joins after April the fee will be prorated.
   (d) 100% refundable within 5 Business days of the registration.

3. **Dues.**
   (a) In consideration of the participation of the swimmer(s) in SSS’s competitive swim program, the Parent agrees to pay the dues for the Swimmer’s practice level that are set forth under Practice Group Fees. Payment shall be made on a monthly basis. Monthly payment of dues shall be due and payable on the first day of each month. Dues may be prepaid at any time. All swim team members must have an auto-draft account set up at Fitness Center (pg 3-4). This will help to ensure that there is a record of all payments. **All payments shall be made to THE FITNESS CENTER AT SOUTH SHORE HARBOUR.**
   (b) If the Swimmer is transferred to a different practice team by the coaching staff, the difference in dues for the two practice levels shall be prorated for the month.
   (c) If the Swimmer quits, leaves for a period of time or is unable to continue participation in the program, a **30 day written notice** must be sent to the head coach and Swim Team Administrator. The Swimmer is obligated to pay the dues installment for the month in which the Swimmer withdraws from the program. *(Withdrawal effective date is 30-days from receipt of written notice.)* Annual Team Registration payment will not be refunded. A $25 re-activation fee will be access to any swimmer who returns during the same USA calendar swim season (Short Course and/or Long Course).
   (d) **LEAVE OF ABSENCE:** Must receive a 30-day written notice of absence, Membership may be on freeze **at least 2 months, no more than 12 months. 20+ tax pre-paid per month a minimum of $43.20** that must be paid at the time the form is completed and turned in.(**LEAVE OF ABSENCE due to injury will be made effective the date of receipt of Doctor’s Explanation of Injury and Treatment. Doctor’s release must be submitted to return from LEAVE OF ABSENCE.**)
   (f) If the monthly dues payment is not received in full by the 15th of the month, a late fee of $10 per month will be assessed to the family’s dues account.

4. **Practice Group Fees.** *(EFFECTIVE 07/01/2017) Rates are subject to change.*
   (a) Developmental: $60/month for fitness center members, $90/month for non-members
   (b) Competitive: $70/month for fitness center members, $100/month for non-members
   (c) Level 1: $75/month for fitness center members, $110/month for non-members
   (d) Level 2: $95/month for fitness center members, $135/month for non-members
5. **Group Guidelines.** To help you understand what our expectations will be we have developed these guidelines. We will use these to help us determine what group you will swim in. These are not rules and they can be adjusted to suit your individual needs and goals in swimming. These guidelines will assist us in promotions from group to group and setting the direction in each group. Groups are ultimately left to the decision of the coaching staff.

*PRACTICE GROUPS Standards — THESE ARE NOT SAILS MOVE UP GUIDELINES*

Level determination will be done by the Coaching Staff based on their evaluation of the swimmer and experience of the swimmer. It is our goal to place the swimmer in the best group that fits your swimmer’s needs and growth potential for the long term. Note: Time Standards are subject to change.

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**Group Guidelines**

August 2019

**Team Expectations – ALL Swimmers Should:**

1. Have the desire to improve their swimming
2. Understand that he or she is part of a team and has respect for his or her teammates.  
3. The swimmer takes pride in being a member of the team, which the swimmer demonstrates by  
   a. wearing team attire at swim meets.  
   b. cheering on teammates during swims (practice or meets)  
   c. participating in team cheers,  
   d. knowing the coaches’ names, and  
4. The swimmer demonstrates an understanding of sportsmanship behavior (e.g., doesn’t throw goggles, congratulates opponents).  
5. The swimmer understands appropriate team rules and the consequences of breaking the rules.  
6. Give the coach his or her undivided attention while the coach is talking  
7. Listen to recommendations from the coach and tries to make the appropriate changes.  
8. The swimmer is able to accept criticism from the coach.  
9. The swimmer understands that criticism is a critique of skills not a critique of an individual.  
10. At meets the swimmer talks to the coach immediately before and after each race.  
11. The swimmer encourages themselves and others to work harder. They have a positive attitude about swimming.

**Developmental – Recommended Age: 5& Up (Offered: 45 mins /5 x Week)**

1. The swimmer can swim 25yds of any stroke without stopping

**Competitive – Recommended Age: 5& Up (Offered: 60 mins /5 x Week)**

1. Performs 25yds of freestyle with proper side breathing  
2. Can float/swim on their back

**Level 1 – Recommended Age 7-11 (Offered: 60-75 mins/5 x Week)**
1. Perform legal 25yds of all 4 competitive stroke. (Fly, Back, Breast, Free)
2. Adjust to the conditions that surround them (leaky goggles, cold water)
3. Demonstrate proper swim practice etiquette. (Reading pace clock, circle swimming)
4. Perform a legal racing start for every stroke. (Does not have to be from blocks)
5. Understand the progression of the training groups.

**Level 2 – Recommended Age 9-13 yr old (1.5 Hrs/ 6 x Week)**

1. Performs 50s of all four competitive strokes legally as well as 200 IM/500 Fr
2. Understands what time standards are and is striving to achieve “B” times
3. Demonstrates the importance of goal setting and understand what goes into achieving set goals.
4. Performs a legal breaststroke pullout with dolphin kick.
5. Performs effective finishes for all four strokes.
6. Demonstrates the importance of concentration in practice and meets and can regularly recognize a faulty focus and bring self back to a proper focus.
7. Knows best times for practice and meets
8. Sets and writes process and outcome goals
9. Completes a 90 min practice session.

**Level 3 – Recommended Age 11-14 yr old (1.5-2 hrs/ 6 x Week)**

1. Swimming is a HIGH PRIORITY in your life.
2. 2A.12 & Unders must have 2 11-12 “AA” times
   2B. 13 & Overs must have 2 13-14 “A” times
3. Can legally perform 100s of all four strokes as well as 400 IM/500 FR
4. Must be able to maintain the recommended training group average pace.
5. Is a leader in workouts (lead lanes/drylands).
6. Is in control of the factors that operate your body (eating and sleeping habits).
7. Understands the importance of time management and demonstrates it both in/out of water.
8. Understands the role of failure and the importance of learning from one’s mistakes; understands that this is essential to becoming a champion.
9. Knows the difference between focusing on what’s important and what’s not.
10. Is not influenced by the negative behavior of his or her teammates.
11. Takes responsibility for attendance, performance, and habits in practice and how these three relate to meet performance.
12. Swimmer understands the traits of a positive leader and strives to become one.
13. Can complete 120 min workout

**TechFit – Recommended Age: 11 & Over (1.5-2 hrs/ 6 x Week)**

1. The swimmer has desire to improve their swimming
2. You should be able to legally perform 150s of at least 2 competitive strokes as well as know the basics of all 4 strokes and IM.
3. The swimmer is in control of the factors that operate your body (sleep, nutrition and psychological preparation).
4. The swimmer is motivated to operate in the proper training environment as a young adult and be responsible for yourself.
5. The swimmer demonstrates good sportsmanship by helping your teammates reach their goals by your positive encouragement and actions.
6. The swimmer has the support of their family to help them reach Senior Level performance. This includes providing them the opportunity to be a responsible and dedicated member of the group.
Senior Group - Recommended Age: 14 & Over (1.5-2 hrs/ 6 x Week)

1. Swimming is a very high priority in your life - striving for personal excellence and Senior level performance.
2. The swimmer is able to handle time management of your swim practices and schoolwork.
3. 3A.13& Overs (8th Grade) MUST HAVE 2 15-16 “AA” Times
4. 3B.13& Overs (High School) MUST HAVE 2 15-16 “A” Times
5. The swimmer must be able to maintain the recommended training group average pace.
6. The swimmer is in control of the factors that operate your body (sleep, nutrition and psychological preparation).
7. The swimmer is motivated to operate in the proper training environment as a young adult and be responsible for yourself.
8. The swimmer demonstrates good sportsmanship by helping their teammates reach their goals by positive encouragement and actions.
9. The swimmer should have the support of their family to help them reach Senior Level performance. This includes providing them the opportunity to be a responsible and dedicated member of the Senior Group.

* ALL MOVE UPS ARE BASED ON COACHES DISCRETIONS

5. **Attendance.** Minimum attendance is encouraged to receive the full benefit of our swim program. If a swimmer will not be in attendance, please let the coach of that practice group know. Your swimmer’s safety is our number one concern. Below is a guideline to follow to see a natural progression in your swimmer’s ability without falling behind.
   (a) Developmental: Encouraged to make as many practices as possible.
   (b) Level 1: 75% monthly attendance is encouraged.
   (c) Level 2: 80% monthly attendance is encouraged.
   (d) Level 3: 80% monthly attendance is encouraged. (e) Senior Group: 80% monthly attendance is encouraged.

6. **Suspension.**
   (a) If the monthly dues payment is not received in full by the last day of the month, a notice of delinquency will be sent. If Parent shall fail to pay any delinquent dues or assessment, including late fees, within 14 days from the date of written notice of delinquency, the Swimmer shall be suspended from further participation in all SSS activities, including, but not limited to, practices and meets.
   (b) If Parent becomes delinquent in payment of dues or assessments because of financial hardship, he/she may apply to the Head Coach for a waiver of late fees and suspension. A waiver may be granted by SSS if satisfactory arrangements are made for payment of the delinquent amounts.

7. **Swim Meets.** Meet fee surcharge will be added to all meet entries.

8. **Team Assignments.** The assignment of the Swimmer(s) to a practice team shall be the decision of the coaching staff. Increase in fees will apply at time of movement.
INFORMED CONSENT AND ASSUMPTION OF THE RISK:

By signing this Agreement, I admit that I am considering voluntarily participating in fitness programs sponsored by THE FITNESS CENTER AT SOUTH SHORE HARBOUR, which may include, but not necessarily be limited to, Boot Camp, TFCX, Extreme Cycling, and other exercise programs which may involve strenuous effort. I am FULLY aware that the fitness programs/classes which THE FITNESS CENTER AT SOUTH SHORE HARBOUR offers and in which I, the undersigned, desire to participate are of a nature and kind that are extremely strenuous and may push me to the limits of my physical abilities. I, the undersigned, recognize and understand that the programs/classes are not without varying degrees of risk which may include, but are not limited to, the following: Injury to the musculoskeletal and/or cardio respiratory systems which can result in serious injury or death, injury or death due to negligence on the part of myself, my training partner, or other people around me, injury or death due to improper use or failure of equipment, or injury or death due to a medical condition, whether known or unknown by me. I am aware that any of these above mentioned risks may result in serious injury or death to myself and/or my partner(s).

I willingly assume full responsibility for any and all risks that I am exposing myself to as a result of my participation in programs/classes offered by THE FITNESS CENTER AT SOUTH SHORE HARBOUR. I also accept full responsibility for any injury or death that may result from participation in any activity, class or physical fitness program.

I hereby certify that either (i) I know of no medical problems that would increase my risk of illness and injury as a result of participation in a fitness program designed by, offered by, or endorsed by THE FITNESS CENTER AT SOUTH SHORE HARBOUR or (ii) if, to my knowledge, any medical conditions exist as of the date of this agreement or subsequent to the same, I assume and understand any increased physical risk resulting from said condition for any activity at THE FITNESS CENTER AT SOUTH SHORE HARBOUR. THE FITNESS CENTER AT SOUTH SHORE HARBOUR informed me that there exists the possibility of adverse physical changes during an exercise program, and I fully understand the same. THE FITNESS CENTER AT SOUTH SHORE HARBOUR informed me that these changes could include abnormal blood pressure, fainting, disorder of heart rhythm, stroke, and in very rare instances, heart attack or even death, and I fully understand the same. With my full understanding of the above information, I agree to assume any and all risk associated with my participation in THE FITNESS CENTER AT SOUTH SHORE HARBOUR fitness programs/classes.

RELEASE AND INDEMNIFICATION:

I UNDERSTAND THAT I WILL WAIVE IMPORTANT RIGHTS IF I ACCEPT THESE TERMS. I HAVE READ THE TERMS OF THIS RELEASE CAREFULLY BEFORE SIGNIFYING MY ACCEPTANCE.

In full consideration of the above-mentioned risks and hazards and in full consideration of the fact that I am willingly and voluntarily participating in the activities made available by THE FITNESS CENTER AT SOUTH SHORE HARBOUR, and with my full understanding of all of the above, I hereby WAIVE, RELEASE, REMISE, DISCHARGE, DEFEND AND INDEMNIFY THE FITNESS CENTER AT SOUTH SHORE HARBOUR, 1859-Historic Hotels, Ltd., American National Insurance Company and their respective agents, owners, officers, directors, principals, employees, property managers and volunteers (“Released Parties”) of any and all liability, claims, demands, action or rights of action, or damages of any kind related to, arising from, or in any way connected with my participation in THE FITNESS CENTER AT SOUTH SHORE HARBOUR fitness programs, classes or activities, whether individually or in an organized group, including any liability, claims, demands, action or rights of action, or damages allegedly attributed to the negligence of the Released Parties.

IT IS MY INTENTION TO RELEASE AND EXEMPT THE RELEASED PARTIES FROM ANY AND ALL LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY THE STRICT LIABILITY OR NEGLIGENCE, INCLUDING THE JOINT OR CONCURRENT NEGLIGENCE OF THE RELEASED PARTIES, ANY MEDICAL PROVIDER OR ANY OTHER THIRD PARTY.

Should any of the Released Parties be required to incur attorney’s fees and costs to enforce this agreement, I agree to reimburse them for such fees and costs. I further agree to INDEMNIFY AND HOLD HARMLESS the Released Parties from liability for the injury or death of any person(s), including myself, and damage to property that may result from my negligence or intentional act or omission while participating in activities offered by or at THE FITNESS CENTER AT SOUTH SHORE HARBOUR.

SIGNATURES:

I have CAREFULLY read this Agreement, I FULLY understand this Agreement and am FULLY and COMPLETELY aware of the potential dangers incidental to attending and/or participating in the any and all, whether group or individual, activities provided by THE FITNESS CENTER AT SOUTH SHORE HARBOUR, and am FULLY aware that by signing this Agreement I am WAIVING valuable legal rights. I UNDERSTAND THAT THE TERMS OF THIS AGREEMENT ARE CONTRACTUAL AND NOT A MERE RECITAL AND THAT I HAVE SIGNED THIS RELEASE AS MY OWN FREE ACT.

Cancellation of this membership requires a 30-day written notice (after 12 month contract has expired, if applicable). The member is responsible for all charges, including monthly dues, through the effective date of cancellation, even if they do not use the facility. If a membership is cancelled, for whatever reason, the person(s) must pay the standard rate to rejoin. Memberships are not transferable. Membership termination is NOT complete until you receive an email confirmation. If you DO NOT receive an email confirmation, please contact the billing office, in a timely manner, to verify we have received your request to cancel.

____________________________________________  ____________________________________________  __________________________
Swimmer Signature1  Swimmer Signature 2  Swimmer Signature 3

____________________________________________  __________________________
Parent or Guardian Signature  Date
Timing Shift Policy

All families attending any meet will be required to help with timing assignments. Depending on the number of chairs we are assigned to fill, families will be required to fill a minimum 1 chair per family or, if needed, 1 chair per swimmer entered. Timing slots may range from 30 minutes to 2 hours depending on the length of the meet, but will typically be 1 hour. The timing will be assigned by the team admin and emailed out as soon as the timeline and timing assignments have been posted by the host team to Gulf Swimming (typically Monday or Tuesday of the meet week). In addition, anyone who does not show for their timing slot must arrange for a replacement. Failure to do so will result in a $50 fine.

Timing Shift

Explanation Timer
*If we know, prior to assigning shifts, that someone is not coming, we will not assign them

• Once timing shifts are posted, it is the responsibility of each timer to find a replacement if needed
• You are welcome to switch shifts or find a replacement
• There will be a $50 fee assessed for not timing or finding a replacement to cover your assigned shift ☐ Typically one timing shift per swimmer may be assigned ☐ Typically the shifts are one hour

Point Focal

• The point person is there to insure all assigned timers are available to cover timing shifts
• ☐ A point will be assigned to a meet or by each session of a meet.
• The point focal will help find replacement in the event of the assigned timer does NOT find a replacement ☐ In rare circumstances focal may have to cover for a no show

*If you have an emergency, i.e. injury/illness and have to leave the meet prior to your shift, please contact the point person and they will help get your shift covered Backups

• All unassigned swim families will be placed on the backup list. These names are provided in case you need a backup.

Officials

• Will not be assigned a timing shift if they are officiating the meet
• Must sign up on the Gulf Website and Sails job sign up
• If they are not signed up to officiate then they may still be assigned a timing shift if needed.

____________________________________________
______________________________
Parent or Guardian Signature Date
MEDICAL INFORMATION & EMERGENCY RELEASE –

Swimmer’s Name ____________________________________________________________

Parents’ Names: ____________________________________________________________

Home Phone: _______________ Parent’s Work Phone:_________________________ Cell Phone: ________________

1. In the space provided below, list any pertinent health or medical information and instructions or special
   problems (allergies, tetanus booster dates, drug allergies, asthma, prescriptions, etc.)

   __________________________________________________
   __________________________________________________
   __________________________________________________

2. Aside from yourselves, (the parents of the Swimmer), please indicate (in order), those individuals that
   you would like the coaches to contact should there be an emergency involving your child:

   __________________________________________________
   __________________________________________________
   __________________________________________________

******************************************************************************
I (we) hereby give our permission for ______________________________________ to participate in practice
and travel when necessary, with the SOUTH SHORE SAILS to local and out-of-town meets throughout the current swim
season. Although I expect all reasonable safety procedures to be followed, I will not hold the coaches of SSS nor any
chaperone or volunteer working with or traveling with the group personally liable for any accident, which may occur.

In case of a minor emergency (cuts, scratches, headache, etc.), I (we) give permission to the coaches or chaperones to treat
these, as they deem necessary. In the event of a more serious emergency, I give permission for it to be handled in the best
manner as determined by the chaperones or coaches of SSS until I am able to be contacted.

TO THE ATTENDING PHYSICIAN OR HOSPITAL:
Permission is hereby granted for you at the discretion of the coaches or chaperons of SSS to perform whatever care is
necessary for the welfare of my child until such time as you are able to reach me personally.

INSURANCE INFORMATION (must be complete)

Subscriber’s Name (parent):__________________________________________

Insurance Company:___________________________________________________

ID # ________________________________________________________________

Group # _____________________________________________________________

Insurance Coverage (i.e. medical, dental): _________________________________

Insurance authorization phone number: ________________________________

Preferred local hospital: _____________________________________________

_________________________________________  ______________________
Parent or Guardian Signature  Date
IMPORTANT: $92 USA Registration is included within the Team Registration fee.

Please contact the swim office (southshoresails@southshorefitness.com) for a USA Transfer form

RETURN TO: Shawn Squires
**White t-shirt order form:**

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<th>T-Shirt</th>
<th>Total # of YOUTH T-Shirts</th>
<th>Totals</th>
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<td>White with logo</td>
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</tr>
<tr>
<td>T-Shirt</td>
<td>Total # of ADULT T-Shirts</td>
<td>Totals</td>
</tr>
<tr>
<td>White with logo</td>
<td>s</td>
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</tr>
</tbody>
</table>

Subtotal =
Tax@ 8.25%
Grand Total

Your Name:
Address:
City, State, Zip:
Phone # (in case we need to contact you):

**Blue t-shirt order form:**

<table>
<thead>
<tr>
<th>T-Shirt</th>
<th>Total # of YOUTH T-Shirts</th>
<th>Totals</th>
</tr>
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<tbody>
<tr>
<td>with logo</td>
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</tr>
<tr>
<td>T-Shirt</td>
<td>Total # of ADULT T-Shirts</td>
<td>Totals</td>
</tr>
<tr>
<td>with logo</td>
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<td>m</td>
</tr>
</tbody>
</table>

Subtotal =
Tax@ 8.25%
Grand Total

Your Name:
Address:
City, State, Zip:
Phone # (in case we need to contact you):
SWIMMER - TEAM CODE OF CONDUCT

I, ____________________________________________, as a member of South Shore Sails Swim Team, am part of a swimming family that believes teamwork, integrity, respect, and good sportsmanship are what build my character. By signing this Code of Conduct, I agree to follow these rules for behavior and sportsmanship while I am a member of the Sails family.

1. I promise to show respect and common courtesy at all times to my team members, coaches, competitors, officials, parents, and for all facilities and other property used during practices.
2. I promise to demonstrate good sportsmanship during all practices, competitions and team activities.
3. I will be an active participant in all team practices, competition, cheering, (this means...support your team mates) and team activities.
4. I will respect the coaches and officials instructions and will make every effort to be on time for workouts and meets. If I am going to be late, I will call one of the coaches to let them know.
5. I will refrain from foul language, violence, bullying, dishonesty, theft, and all other inappropriate behaviors.
6. I will not use the South Shore Sails Swim Team name or make negative comments regarding the team on my social media accounts, nor will I target any person, whether on my team or any other team, in a negative manner on my own account.
7. I will not communicate with coaches via social media.

Violation of the Code of Conduct
The coaches have the power to impose the following penalties for violation of the South Shore Sails Swim Team Code of Conduct. The penalties include but are not limited to the following:

1. Swimmer will be given a verbal warning.
2. The swimmer will be sent home with a written warning and the coach will contact the parent.
3. The swimmer will need to be accompanied by the parent during practice times for four consecutive practice sessions.
4. If the swimmer continues his/her behavior, he/she will be suspended from the team.

This Code of Conduct is a shorter version of the GULF Code of Conduct (www.gulfswimming.org) as well as the USA Swimming Code of Conduct including MAAPP, Minor Athlete Abuse Protection Policy, (www.usaswimming.org) which we are all required to follow.

Any violation of this Conduct or this document will be reason for termination from the team.

I am representing South Shore Sails Swim Team. I am proud of that..... I am proud of our team.

I am expected to show that pride by acting in accordance to these guidelines at all practices, meets, and HOTELS.

I agree that if I violate any of these rules, I will be subject to the disciplinary actions determined by the coaches which may include expulsion from the team.

__________________________________________________________
Swimmer – printed name

__________________________________________________________
Swimmer’s Signature

__________________________________________________________
Parent/Guardian’s Signature

__________________________________________________________
Date
Directory Consent Form

Directory information is defined as and includes: A Swimmer’s name, telephone listing, and e-mail address.

If you do not want your Swimmer’s directory information disclosed, please indicate below on this form and return it to the SSS swim office.

____________________________________________
Name

____________________________________________
E-mail

____________________________________________
Cell Phone Number

____ I DO want my Swimmer’s directory information disclosed.

____ I DO NOT want my Swimmer’s directory information disclosed.

____________________________________________
Parent Name

____________________________________________
Parent Signature

Date