



2021 Long Course Registration

Check One: New Family Returning Family Transferring from another team: Yes No Primary

Adult Name: _____ Secondary Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Alt. Phone: _____

Email: _____ Alt. Email: _____



| Swimmer Name | Gender | Birth Date | Shirt Size | Registration Group | Payment Method |
|--------------|--|------------|------------|--------------------|--|
| | <input type="checkbox"/> Male <input type="checkbox"/> Female | | | | <input type="checkbox"/> Pay in Full <input type="checkbox"/> Monthly |
| | <input type="checkbox"/> Male <input type="checkbox"/> Female | | | | <input type="checkbox"/> Pay in Full <input type="checkbox"/> Monthly |
| | <input type="checkbox"/> Male <input type="checkbox"/> Female | | | | <input type="checkbox"/> Pay in Full <input type="checkbox"/> Monthly |
| | <input type="checkbox"/> Male <input type="checkbox"/> Female | | | | <input type="checkbox"/> Pay in Full <input type="checkbox"/> Monthly |

| Group | Days/Week | Length | Training Fees | | Pool Access Fee (per Month) | Total Monthly Fee (for Monthly Payments) | TOTAL FEES for Phase 1 | |
|-----------------------|-----------|-------------|----------------------|----------------------|-----------------------------|--|------------------------|----------------------|
| | | | Paying by Month (2x) | Paying in Full (-5%) | | | Paying by Month | Paying in Full (-5%) |
| Discovery | 2 Days | 1 hour | \$130 | \$247 | \$50/month \$100 total | \$180 | \$360 | \$347 |
| Developmental | 3 Days | 1.5-2 hours | \$150 | \$285 | \$100/month \$200 total | \$250 | \$500 | \$485 |
| Middle School Prep | 3 | 1.5-2 hours | \$150 | \$285 | \$100/month \$200 total | \$250 | \$500 | \$485 |
| Rising Star | 4 | 2 hours | \$157.50 | \$299.25 | \$120/month \$240 total | \$277.50 | \$555 | \$539.25 |
| Age Group Performance | 5 | 2 hours | \$180 | \$342 | \$140/month \$280 total | \$320 | \$640 | \$622 |
| Senior | 5 | 2 hours | \$180 | \$342 | \$140/month \$280 total | \$320 | \$640 | \$622 |

Please initial on the line next to each waiver/agreement:

Medical Release _____

I certify that I am the parent or legal guardian for my child(ren). I hereby give my permission for any coach, board member, or other team administrator associated with **Indiana Swim Club** to seek and give appropriate medical attention for my child(ren) in the event of accident, injury, and/or illness. I will be responsible for any and all costs associated with any necessary medical attention and/or treatment.

I hereby waive, release, and forever discharge **Indiana Swim Club** and associated coaches, board members or other team administrators from all rights and claims for damages, injury, and/or loss to person or property which may be sustained or occur during participation in **Indiana Swim Club** activities, whether or not damages or losses are due to negligence. I hereby acknowledge that my child(ren) is/are in good physical condition and have no condition(s) that would impair participation in all Swim Team activities.

Liability Waiver _____

By registering my child(ren) with **Indiana Swim Club**, I agree to participate (or allow my child(ren) and family members to participate) in **Indiana Swim Club**, and hereby release **Indiana Swim Club**, its directors, officers, agents, coaches, and employees from liability for any injury that might occur to myself (or to my child(ren) and family members) while participating in the **Indiana Swim Club** program, including travel to and from training sessions, swim meets or other scheduled team activities.

I agree to indemnify and hold harmless the above-mentioned organizations and/or individuals, their agents and/or employees, against any and all liability for personal injury, including injuries resulting in death to me, my child(ren) and/or other family members, or damage to my property, the property of my child(ren) and/or other family members, or both, while I (or my child(ren) or family members) participate in the **Indiana Swim Club** program.

Safe Sport Policies & Parent Code of Conduct _____

I have read the ISC Code of Conduct and Safe Sport Policies, located on the website, which can be found [HERE](#). I agree to the following Parent Code of Conduct:

The purpose of a code of conduct for parents is to establish consistent expectations for behavior by parents. As a parent/guardian, I understand the important growth and developmental support that my child's participation fosters. I also understand that it is essential to provide the coaching staff with respect and the authority to coach the team. I agree with the following statements:

- I will set the right example for our children by demonstrating sportsmanship and showing respect and common courtesy at all times to the team members, coaches, competitors, officials, parents, and all facilities.
- I will get involved by volunteering, observing practices, cheering at meets, and talking with my child and their coach about their progress.
- I will refrain from coaching my child from the stands during practices or meets.
- I understand that criticizing, name-calling, use of abusive language or gestures directed toward coaches, officials, volunteers, and/or any participating swimmer will not be tolerated.
- I will respect the integrity of the officials.
- I will direct my concerns first to the coach; then, if not satisfied, to the appropriate supervisor.

Covid Protocols

COVID Practice Protocols

1. Swimmers must come wearing their suits, with water bottles filled and ready. There may not be locker room access, and bathrooms will be on an emergency-use basis. *Swimmers must come to practice wearing a mask unless they have a medical condition that prohibits this action.* All coaches and parent volunteers will be wearing masks.
2. At this time, parents who are not volunteering will remain outside the pool area
3. Athletes who cannot follow protocols will be asked not to participate in practice at this time.

Keeping our swimmers safe requires the full cooperation of everyone involved, including athletes, their parents, and the coaches. We would like all participating families to take appropriate safety measures including practicing good hygiene practices, eliminating unnecessary travel, wearing a face mask in public, and physical distancing away from the practice so that the environment at practice can be a safe one. These safety measures are not only for your benefit, but also demonstrate respect for the other families of ISC.

Safety Expectations For Athletes

- Athletes will not be able to use facility water fountains.
- Athletes will not be able to store any equipment bags at the practice facility.
- Athletes will strictly adhere to lane assignments that are administered by the coaches.
- Athletes experiencing any symptoms of a fever (100.4°F or higher), recent cough, unusual fatigue, headache or has had any exposure to someone who has any symptoms, (which includes family and friends) should remain at home and seek medical treatment. If any athlete or staff does have a fever or symptoms of illnesses, they may not attend a practice until 14 days after the fever or symptoms has ceased. Athletes and staff must see a physician and be cleared for training after being diagnosed or suspected to have COVID-19.

Safety Expectations For Families

- Only athletes, coaches, and parent volunteers will be allowed in the pool area.
- Families who travel by air, or to an area deemed high risk by the staff, should self-isolate for 14 days before returning to practice.

Safety Expectations For Coaches and Parent Volunteers

- Wear face masks while in the pool enclosure or interacting with other families or athletes.
- Will be unable to participate if they are experiencing any of the COVID-19 symptoms outlined above.

Positive Test Procedure

Should a member of ISC (i.e., athlete, parent, coach, anyone in their household, or anyone with whom they have had recent contact) test positive for COVID-19, the following steps will be taken:

- The family must tell the Head Coach and Board President immediately.
- The infected individual and their contacts must self-quarantine for a designated time period and/or until they receive a negative COVID-19 test.

Volunteer Agreement _____

ISC is a parent-run, non-profit organization, and in order to have a successful club, we need everyone to help out. Each ISC family will have an 8 hour support obligation each season. Normally this obligation would be fulfilled during a home meet, but it can be fulfilled by working as a parent volunteer, helping with fundraising, etc.

I acknowledge my responsibility to support Indiana Swim Club in the above capacity. I understand that as a volunteer for any club event, swim meet, or activity, I am subject to a background check per Indiana Swim Club and Indiana University Child Protection Policies. I agree to the background check of myself and my minor children who may also serve as volunteers.

Membership Fees _____

All accounts must have a valid credit card on file in order to register. Accepted payments are automatic ACH Checking or Credit Card payments. If you would like to change your default payment method to ACH, please reference [this page](#).

I understand that I am financially liable for Indiana Swim Club (ISC) Membership Fees. I understand that ISC offers a monthly payment option, but it is not a monthly membership. The full membership fee will be due even if my child withdraws before the end of the season and even if pool access is discontinued. Invoices are due and will be charged to the payment method on file on the 1st of each month. All past due accounts will be charged a late fee of \$10 per month.

Throughout the season the club may participate in meets. I understand I will have the opportunity to declare for each meet. If I declare to attend a meet, I am also committing to pay the meet entry fees associated with that meet for my child(ren), regardless of whether my child(ren) attend the meet. I also understand that once the meet entry deadline has passed my declaration cannot be changed.

Prorated Fees Policy _____

Membership is committed to a season at a time (short course and long course). Partial Memberships or Pro-rating for mid-season absences and/or to accommodate vacations or other activities will not be accepted. However, if an unforeseeable event that is not related to COVID-19 should occur due to circumstances beyond the control of the athlete or parent, (e.g. medical, legal, etc.) preventing the athlete from participating in team activities, pro-rating of dues may be appealed to the Board for a ruling. If it is at all conceivable that this may occur, this request must be in writing, including email, to the Board [President](#) prior to registration. Should a planned absence later NOT occur, fees pro-rated under this provision will be due and payable.

Withdrawal Agreement _____

Members that have never swam with ISC are given a two-week trial period. Full refunds will be given if the swimmer withdraws from Indiana Swim Club before the end of the trial period. Any request to withdraw from Indiana Swim Club must be presented in writing, including email, to the **Board President**.

If an **unforeseeable event unrelated to COVID-19** should occur due to circumstances beyond the control of the athlete or parent, (e.g. medical, legal, etc.) preventing the athlete from participating in team activities, a request for withdrawal by new or existing members may be appealed to the Board for a ruling. The registration fee, facility fee, and any unpaid miscellaneous fees (i.e. meet entries, swim caps, etc.) are not refundable for any reason.

Photo Release _____

I hereby authorize Indiana Swim Club to publish the photographs taken of me and/or my minor children, including our name(s), publicly to promote the club. I understand that the images may be used in print publications, online publications, presentations, websites, and social media. This release is optional; as such, I understand that no royalty, fee or other compensation shall become payable to me through such use. I release Indiana Swim Club, its directors, officers, agents, coaches, and employees from liability for any claims by me or any third party in connection with my participation or the participation of my minor children.

Signature: _____ Date: _____

Printed Name: _____