



Believe Commit Achieve

Registration Instructions: 2021 Fall/Winter Short Course Season

Welcome to Scout Aquatics! Please read these registration instructions and the attached forms carefully.

All Scout Aquatics swimmers must register/pay for the Session. Families with multiple swimmers must register each individual swimmer (LFHS offers a 50% discount on fees for a family's third or more swimmer).

Registration is a two step process: (1) all swimmers must register on-line with Lake Forest High School ("LFHS") via the Scout Aquatics and LFHS web-sites, and (2) all swimmers must submit a set of written Scout Aquatics Booster Association ("SABA") registration forms (included with this set of materials) to Head Coach Carolyn Grevers in the LFHS Aquatic Center office.

On-line registration and return of SABA forms must be completed by the start of practice. Swimmers who have not fully registered will not be permitted to participate in practices or meets.

On-line Registration:

Scout Aquatics is a LFHS community education program and, as such, all swimmers must be registered with the High School. We coordinate closely with the LFHS Athletic Department regarding the registration process.

IMPORTANT:

- **LFHS fees will not be refunded after the third week of practice. LFHS will retain a \$25 administrative fee with respect to any refund.**
- **Please do not use a Safari web browser to register on-line.**

In order to register on-line with LFHS, please access the Scout Aquatics web-site Home Page (www.swimsct.org). Click on the "**Registration**" link on the top left corner of the Home Page. On the Registration page, click "**HERE**" to advance to the LFHS web-site.

Registration on the LFHS web-site is similar to enrolling and paying for a LFHS class:

- When you enter the LFHS web-site, you will first be directed to the High School "Web Store." Click on the "Community Education" and swim goggles link to go to the Swimming Programs web-page.
- On the Swimming Programs web-page, click on the "Scout Aquatics Swim Club" link to go to the "Scout Aquatics Swim Club" page.
- On the "Scout Aquatics Swim Club" page, click on the appropriate link to go to the listing of Scout Aquatics practice groups.
- After you have accessed the practice group listing page, click on the practice group on the left hand side of the page identified in the registration e-mail you received from Carolyn Grevers. Then click on that practice group link when it appears in the main body of the page.

- A dialogue box will appear that requests a password “to register for this event.” Type in the password identified in the registration e-mail you received from Coach Carolyn. Click on the “Submit” link to go to a summary web-page for the practice group.
- Review the information on the summary web-page, and click on one of the “Register for this Class” links to go to the LFHS “Welcome” web-page.
- The “Welcome” web-page will ask if you are a new or returning “customer.” If you have not registered with LFHS before, you must click on the “Create Account” link. If you have previously registered with LFHS, please type in your e-mail address and existing LFHS password. (**Please note:** the LFHS password is your personal password and is not the practice group password you previously entered). If you do not have a LFHS password or have forgotten your existing password, the web-site will help you create a new one. Then click on the “Sign In” link.
- The LFHS web-site will then guide you through the remainder of the registration and payment process. Please make sure to register each swimmer in your family.
- For families with more than two swimmers in Scout Aquatics, LFHS offers a 50% discount on the fees charged for additional swimmers. Please contact Coach Carolyn to arrange for payment of LFHS fees for additional family members by check.

Written Registration:

In addition to on-line registration with LFHS, each swimmer must complete and submit the following to Head Coach Carolyn Grevers in the LFHS Aquatic Center office at your first practice. This information is for our TEAM WEBSITE:

- Emergency Authorization Form;
- USA Swimming Registration For (already paid by swimmers in Sessions 1, 2 and 3);
- SABA Team Activity Form and include check for \$35 per swimmer made payable to Scout Aquatics Booster Association or check line on form to have your credit card charged
- Media/Photo Release Form
- Intra - Team Training Waiver

SCOUT AQUATICS SWIMMER
EMERGENCY AUTHORIZATION FORM AND WAIVER

2021-22 Fall/Winter Season

SWIMMER NAME:

Last: _____ First: _____ Middle: _____

BIRTH DATE: _____ AGE _____

HOME PHONE: _____ PRACTICE GROUP: _____

HOME ADDRESS:

PARENT/GUARDIAN NAME(S):

DAY PHONE: FATHER _____ MOTHER _____

CELL PHONE: FATHER _____ MOTHER _____

E-MAIL:

If parents cannot be contacted in an emergency, contact:

Name (Relationship) _____

Phone _____

Physician Name: _____

Phone _____

Medical Insurance Carrier: _____

Group# _____

Insurance Carrier Phone: _____

Does this swimmer have any disabilities, handicaps, present injuries or limitations, allergies, hemophilia, heart condition, history of respiratory illness or any other significant medical condition?

____ Yes ____ No. If yes, please explain. Also, list ALL current medications and dosages here:

EMERGENCY AUTHORIZATION: I, the undersigned parent or legal guardian of the above swimmer, a minor, hereby authorize the coaches, team parents, the above-identified Emergency Contact and/or other Scout Aquatics officials, agents, representatives and employees to act as my agents in the capacity of activity supervisors and vehicle drivers, and to consent to medical, surgical or dental examination and/or treatment.

DISCLAIMER, ASSUMPTION OF RISK AND WAIVER: I, the undersigned parent or legal guardian of the above swimmer, a minor, for myself and on behalf of the above swimmer, our heirs, assigns and next of kin (the "Covered Parties"), acknowledge that there are certain risks of physical injury in connection with participation in Scout Aquatics, and the Covered Parties agree to assume the full risk of any injuries, including death, damages or loss that the above swimmer may sustain as a result of participation in any and all activities connected with or associated with Scout Aquatics. The Covered Parties do hereby agree to waive and relinquish all claims and causes of actions that we may have against Scout Aquatics and Scout Aquatics Booster Association ("SABA") and their directors, officers, agents, representatives and employees as a result of participating in Scout Aquatics. The Covered Parties do hereby fully release and discharge Scout Aquatics and SABA and their directors, officers, agents, representatives and employees from any and all claims from injuries, including death, damage or loss that the Covered Parties may have or which may accrue on account of participation in Scout Aquatics.

The Covered Parties further agree to indemnify and hold harmless and defend Scout Aquatics and SABA and their directors, officers, agents, representatives and employees from any and all claims resulting from injuries, including death, damages and losses sustained by the above swimmer and arising out of, in connection with, or in any way associated with the activities of Scout Aquatics.

I HAVE READ THE ABOVE EMERGENCY AUTHORIZATION DISCLAIMER, ASSUMPTION OF RISK, WAIVER, AND INDEMNIFICATION PROVISIONS AND FULLY UNDERSTAND THE TERMS OF EACH. I UNDERSTAND THAT I, THE ABOVE SWIMMER AND THE OTHER COVERED PARTIES HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING THIS FORM AND AGREEING TO THESE TERMS, AND I SIGN THIS FORM AND AGREE TO THESE TERMS FREELY AND VOLUNTARILY AND WITHOUT INDUCEMENT FOR MYSELF AND ON BEHALF OF THE ABOVE SWIMMER AND THE OTHER COVERED PARTIES. I UNDERSTAND THAT MY SIGNATURE IS REQUIRED BELOW IN ORDER FOR MY CHILD TO PARTICIPATE IN SCOUT AQUATICS.

Parent Signature: _____ Date: _____

SCOUT AQUATICS BOOSTER ASSOCIATION

Team Activity Form 2020-2021 Season

Scout Aquatics Booster Association's ("SABA") Fall/Winter "Short Course" Team Activity Fee of \$35 per swimmer helps to fund the many activities organized by SABA and its volunteer parents during the season. Please complete this form and submit it along with a check made payable to Scout Aquatics Booster Association in the amount of the "Total Due" below.

Family Name: _____

Please list all family team members by first name below:

Number of swimmers _____ x \$35 = \$ _____
Total due

Check here to pay by check. Please make checks payable to Scout Aquatics Booster Association.

If you have a credit card on file, check here and your account will be charged.



Scout Aquatics Families: We have upgraded the Scout Aquatics website so that we may display photos of our swimmers and team. Along with preparing promotional materials concerning our program, we post on Facebook and Instagram. We are asking your permission to display photographs of your child (or children).

Media/Photographic Release

I authorize and give full consent to Lake Forest High School, Scout Aquatics Swim Club and Scout Aquatics Booster Association (collectively, "Scout Aquatics") to take, publish, copyright, distribute and display photographs of my child (named below) taken at Scout Aquatics practices, swim meets or related events. Scouts Aquatics may publish and display such photographs on the Scouts Aquatics web-site, the Scout Aquatics Bulletin Board, Scout Aquatics newsletters and publications and for Scout Aquatics advertising purposes, without limitation or reservation and without any compensation.

Name of Child: _____

Take photographs to use on the club's secure website

Consent given Consent refused

Take photographs to include with newspaper articles

Consent given Consent refused

Take photographs to use on club notice boards

Consent given Consent refused

Video for training purposes only

Consent given Consent refused

Parent name (print name): _____

Parent signature: _____

Date: _____



Scout Aquatics Intra-team Training Waiver

It is my swimmer's intent as a swimming participant at Lake Forest High School to participate in intra-team training. Since practices are solely intra-team, there can be more than one swimmer per lane for the purpose of intra-team training. In order for this to occur, per IDPH Guidelines, written parental consent must be provided to the school.

During intra-team training we will follow the protocols listed:

- No lane will have more than 6 swimmers
- All swimmers will be more than 8 feet apart at all times in and out of the pool
- No swimmer will start or stop directly next to another swimmer (at least one lane apart)

In acknowledging that I am aware of and willing to assume the risks associated with this activity, I hereby give consent for the listed participant to be included in intra-team training at Lake Forest High School.

Participant Name _____

Parent Printed Name _____

Signature _____ Date _____