

# Nebraska Aquatics

## Swimmer Registration (September 1<sup>st</sup> – August 31<sup>st</sup>)

**Welcome to Nebraska Aquatics!** Before a new member can participate in any Nebraska Aquatics (NA) activities, all the required registration forms must be submitted and required fees need to be paid. If you have any questions, please email [swimnebraskaaquatics@gmail.com](mailto:swimnebraskaaquatics@gmail.com)

### Registration Instructions:

1. Please read all the information on pages 1 and 2. Keep these pages for future reference.
2. Then complete all the attached forms:
  - Nebraska Aquatics & USA Swimming Registration Form (page 3)
  - Authorization/Consent for Medical Treatment (page 4)
  - Code of Conduct (page 5)
3. **"Proof of age" for first-time USA & Midwestern Swimming swimmers:**  
Provide a **copy** of the swimmer's certified birth certificate, driver's license, or passport.
4. Write a check payable to Nebraska Aquatics for your total fees (see details below and on page 4).
5. Mail your (1) completed and signed forms (pages 3-5), (2) **"proof of age"** when applicable, and (3) payment to:
 

Team Administrator  
PO Box 30264  
Lincoln, NE 68503

*Please remember the "proof of age" copy, when applicable, as the registration process cannot be completed without this document!*
6. **Previous USA swimmers (registered current or previous year):** Mail the [MW Transfer Request Form](#) and fee.

### 2019-2020 NA SWIMMER FEE SCHEDULE

GROUP	FEE	ADDITIONAL INFORMATION
<i>Please check with a coach for the correct group(s) for your swimmer(s):</i>		
<b>Gray</b>	\$55/mo	Nebraska Aquatics is a year-round swim club broken down into monthly payments. Families with more than one swimmer may reduce the monthly fee for each additional swimmer over the first swimmer by \$10.00 per swimmer.
<b>Red</b>	\$65/mo	
<b>Black</b>	\$75/mo	
<b>White</b>	\$85/mo	
<b>USA Swimming Fee</b>	\$70/annual	This \$70 annual USA Swimming membership fee (per swimmer) is nonrefundable and is due at registration. This fee establishes the swimmer's amateur status as a competitive swimmer and provides insurance coverage during swim practices and meets for the year. Paid immediately upon joining as a new swimmer and due Nov 1 each year for reoccurring swimmers.
<b>Family Membership Fee</b> September 1, - August 31	\$200/annual	This \$200 annual Fee (per Family) is paid immediately upon joining and due Oct 1 each year for reoccurring swimmers. This fee will be prorated for families joining after Feb 1 <sup>st</sup> . This fee is nonrefundable.

### PAYMENT OF FEES

Monthly fees are due at the beginning of each month; an e-mail notice will be sent about one week prior to the due date. Statements are available on your account at [www.NebraskaAquatics.com](http://www.NebraskaAquatics.com); click My Account and \$My Invoice/Payment. Direct any questions about your account balance to the billing administrator [swimnebraskaaquatics@gmail.com](mailto:swimnebraskaaquatics@gmail.com)

\*Fees past due more than 60 days will be cause for removal of all swimmers in the family from practice and meets until the account is current.  
**NA requires all members to set up an automatic method of payment. You may set up an automated bank draft or add a credit card. There is a 3% transaction fee for all credit card payments.**

## FAMILY FEE PRORATED RATES

The Family Fee is \$200 per year and will be billed each year on October 1<sup>st</sup>. Fees will be prorated for families joining the team after Feb.1<sup>st</sup>.  
Sep 1-Jan 31..... \$200      Feb 1-June 30..... \$100      July 1-August 31.....\$0

## MEET FEES

Teams who put on swim meets charge an entry fee to each participating swimmer. Fees vary by meet. NA will pass these charges on to each swimmer. Details about these charges are available on the meet flier. Please ask the billing administrator if you have any questions.  
[swimnebraskaaquatics@gmail.com](mailto:swimnebraskaaquatics@gmail.com)

## HIGH SCHOOL SWIMMERS

Please let the Swim Team Administrator know if your swimmer is planning to participate in High School Swimming. Applicable fees for High School swimmers include the Family Fee, USA Swimming Fee and Monthly Group Fee excluding December, January and February (NA will still allow swimmers to practice during these months).

## MEET ATTENDANCE

While meet attendance is not required, it is recommended. We strongly encourage all Gray & Red Group swimmers to compete at NA's annual swim meet and at least 1 other meet. Black and White Group swimmers should compete at NA's annual swim meet and at least 2-3 other meets throughout the year. Doing this is a great way for swimmers to see their progress and for swimmers and families to get to know each other better. At meets, we also welcome and encourage all our NA families to sit together.

## FUNDRAISING

NA does not have a fundraising requirement. We will offer a couple fundraising opportunities to help you offset your Membership Dues and Fees, if your family wishes to participate.

## MW OUTREACH ATHLETE PROGRAM

This program reduces USA Swimming registration fees and MW meet fees for families participating in a free/reduced school lunch program; to register for this, please obtain a letter from your school official verifying you qualify for free/reduced lunches and include the letter with your initial registration form and payment if possible.

## PRACTICE BREAKS

During the course of the year, Nebraska Aquatics will take scheduled breaks from practice for the health of the swimmer. Each swimmer's season will come to an end at the conclusion of the Qualifier Meet (D2's) unless a swimmer qualifies for a meet taking place between that meet and the end of the official season. Both the short course and long course seasons offer this Qualifier Meet. Most all seasons end with a 1 or 2 week break scheduled by the coaches. Breaks are part of the Nebraska Aquatics overall yearly calendar and are not subject to any discounted monthly fees.

## MEMBERSHIP STATUS CHANGE

**Short-Term Absence Request:** Members may suspend their membership for up to 3 consecutive, calendar months in any membership year (September 1 to August 31) and have their monthly fee waived. All suspended memberships (non-cancelled) will be re-activated on the date provided or at the conclusion of the 3 full consecutive calendar months. In order to change your enrolment to a suspended status you must complete the "Change of Enrollment" form located on the Nebraska Aquatics website and submit the completed form to the Team Administrator via email at [swimnebraskaaquatics@gmail.com](mailto:swimnebraskaaquatics@gmail.com) or mail to PO Box 30264, Lincoln, NE 68503.

**Leaving the Team:** In order to cancel your membership with Nebraska Aquatics, you must complete the "Change of Enrollment" form located on the Nebraska Aquatics website and submit the completed form to the Team Administrator via mail to PO Box 30264, Lincoln, NE 68503 or by email at [swimnebraskaaquatics@gmail.com](mailto:swimnebraskaaquatics@gmail.com). All fees must be paid in full before NA is able to release your swimmer(s).

## VOLUNTEERING

As a nonprofit swim club, Nebraska Aquatics relies on the volunteer hours and support of its families to function. Members of the NA Board contribute countless volunteer hours and while not required, we hope each family will look to volunteer whenever and wherever possible. We need parents to volunteer from time to time at swim meets throughout the year and to help with the swim meet that NA hosts each year. If you are interested in joining the Board or helping in another capacity, please contact the NA president.

# NEBRASKA AQUATICS & USA SWIMMING REGISTRATION FORM

[PLEASE PRINT]

NA START DATE (excluding 2-week free trial): \_\_\_\_\_ How did you hear about NA? \_\_\_\_\_

**BILLING INFORMATION:**

E-MAIL ADDRESS you will want to use to log in to your NA online account: \_\_\_\_\_

Person who is responsible to pay the bill: \_\_\_\_\_

↑ FIRST NAME LAST NAME M.I.

Billing address: \_\_\_\_\_  
 ↑ STREET / P.O. BOX CITY STATE ZIP

Phone: \_\_\_\_\_  
 ↑ HOME WORK or CELL (CELL CARRIER ONLY IF YOU WANT TO RECEIVE TEXT MESSAGES)

ADDITIONAL E-MAIL ADDRESSES FOR RECEIVING MESSAGES POSTED THROUGH THE TEAM WEB SITE:

**PARENT/GUARDIAN INFORMATION:**

Father/guardian #1:  
 FIRST NAME: \_\_\_\_\_  
 LAST NAME: \_\_\_\_\_  
 WORK PHONE: \_\_\_\_\_  
 CELL PHONE: \_\_\_\_\_

Mother/guardian #2:  
 FIRST NAME: \_\_\_\_\_  
 LAST NAME: \_\_\_\_\_  
 WORK PHONE: \_\_\_\_\_  
 CELL PHONE: \_\_\_\_\_

**INSURANCE/EMERGENCY CONTACT:**

INSURANCE CARRIER: \_\_\_\_\_  
 CARRIER PHONE: \_\_\_\_\_  
 EMERGENCY CONTACT: \_\_\_\_\_  
 CONTACT PHONE: \_\_\_\_\_

Any other notes:

**SWIMMER INFORMATION:**

PHYSICIAN'S NAME				PHYSICIAN'S OFFICE PHONE NUMBER				
<b>SWIMMER'S LEGAL FIRST NAME</b>	<b>LAST NAME</b>	<b>MIDDLE NAME</b>	<b>PREFERRED NAME</b>	<b>PHONE #</b>	<b>GENDER (M/F)</b>	<b>BIRTHDAY (mm/dd/yyyy)</b>	<b>AGE</b>	<b>YEAR of H.S. GRAD.</b>
#1								
<b>E-MAIL ADDRESS:</b>			<b>U.S. CITIZEN: YES or NO</b>		<b>*FINA FEDERATION MEMBER: YES or NO</b>			
**RACE AND ETHNICITY (see bottom of page; make up to two choices if appropriate): <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 ***DISABILITY (if applicable): <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D Year Last Registered with USA Swimming: _____ If you registered with a different USA Swimming Club in the previous year, enter that Club Code: _____ LSC Code: _____ and the date of your last competition representing that club: ____/____/____								
#2								
<b>E-MAIL ADDRESS:</b>			<b>U.S. CITIZEN: YES or NO</b>		<b>*FINA FEDERATION MEMBER: YES or NO</b>			
**RACE AND ETHNICITY (see bottom of page; make up to two choices if appropriate): <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 ***DISABILITY (if applicable): <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D Year Last Registered with USA Swimming: _____ If you registered with a different USA Swimming Club in the previous year, enter that Club Code: _____ LSC Code: _____ and the date of your last competition representing that club: ____/____/____								
#3								
<b>E-MAIL ADDRESS:</b>			<b>U.S. CITIZEN: YES or NO</b>		<b>*FINA FEDERATION MEMBER: YES or NO</b>			
**RACE AND ETHNICITY (see bottom of page; make up to two choices if appropriate): <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 ***DISABILITY (if applicable): <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D Year Last Registered with USA Swimming: _____ If you registered with a different USA Swimming Club in the previous year, enter that Club Code: _____ LSC Code: _____ and the date of your last competition representing that club: ____/____/____								

\*FINA: Are you a member of another FINA federation? If yes, which federation? \_\_\_\_\_

\*\*\*DISABILITY: A. Legally Blind or Visually Impaired B. Deaf or Hard of Hearing C. Physical Disability D. Cognitive Disability

**AMOUNT DUE UPON JOINING:**

**FIRST MONTH'S DUES:**  
 # \_\_\_\_ of GRAY Group swimmers @ \$55 each = \_\_\_\_\_  
 # \_\_\_\_ of RED Group swimmers @ \$65 each = \_\_\_\_\_  
 # \_\_\_\_ of BLACK Group swimmers @ \$75 each = \_\_\_\_\_  
 # \_\_\_\_ of WHITE Group swimmers @ \$85 each = \_\_\_\_\_

**MULTIPLE SWIMMER MONTHLY DISCOUNT:**  
 \_\_\_\_ 2 swimmers (subtract \$10)  
 \_\_\_\_ 3 swimmers (subtract \$20) etc. (\$\_\_\_\_\_)

**USA SWIMMING MEMBERSHIP FEE**  
**(Due each year)**  
 # \_\_\_\_ of swimmers @ \$70 each \_\_\_\_\_

**FAMILY MEMBERSHIP FEE**  
**(Due each year)**  
 \$200 (Joining Sept 1- Jan 31) \_\_\_\_\_  
 \$100 (Joining Feb 1 - Jun 30) \_\_\_\_\_

**TOTAL DUE WITH REGISTRATION: \$ \_\_\_\_\_**

**PLEASE READ AND INITIAL BY EACH STATEMENT BELOW:**

- I understand the swimmer fee structure and the policies regarding payment of fees. \_\_\_\_\_
- I understand the annual NA Family Membership Fee payment structure and refund policy (annually recurring). \_\_\_\_\_
- I understand that this agreement allows NA to charge my account on a recurring basis for my Family fees (annually), USA Swimming Fees (annually) and swimmer fees (monthly ongoing). I understand that this will occur until I cancel and terminate my agreement with NA. I acknowledge that Family Fees and Swimmer Fees are subject to change with a 30-day written notice from Nebraska Aquatics, and recurring payment amounts may be adjusted on my account accordingly. \_\_\_\_\_
- I understand 30 days written notice must be provided before leaving the team. \_\_\_\_\_
- I give permission for the registered swimmers to participate in Nebraska Aquatics activities unless I notify the NA Board in advance and in writing. I certify that the above answers are correct and that the individual(s) named above are eligible in accordance with the rules of USA Swimming. \_\_\_\_\_
- I give NA permission to put our family/swimmer(s) names, address, e-mails, and phone numbers on a team roster to be shared with NA members only. \_\_\_\_\_
- I give NA permission to take photographs of my swimmer(s) within the NA swimming environment to be used for NA recruiting, informational materials, and advertising. \_\_\_\_\_

**NEBRASKA AQUATICS AUTHORIZATION/CONSENT FOR MEDICAL TREATMENT**

**SWIMMER #1 NAME** \_\_\_\_\_ **AGE** \_\_\_\_\_ **DOB** \_\_\_\_\_ Glasses or Contacts \_\_\_\_\_  
 Known allergies \_\_\_\_\_  
 Previous hospitalizations, surgeries, injuries or serious illness \_\_\_\_\_  
 \_\_\_\_\_  
 Medications currently being taken \_\_\_\_\_  
 Has any physician ever recommended that there should be any limits placed on participation in competitive sports? \_\_\_\_\_

**SWIMMER #2 NAME** \_\_\_\_\_ **AGE** \_\_\_\_\_ **DOB** \_\_\_\_\_ Glasses or Contacts \_\_\_\_\_  
 Known allergies \_\_\_\_\_  
 Previous hospitalizations, surgeries, injuries or serious illness \_\_\_\_\_  
 \_\_\_\_\_  
 Medications currently being taken \_\_\_\_\_  
 Has any physician ever recommended that there should be any limits placed on participation in competitive sports? \_\_\_\_\_

**SWIMMER #3 NAME** \_\_\_\_\_ **AGE** \_\_\_\_\_ **DOB** \_\_\_\_\_ Glasses or Contacts \_\_\_\_\_  
 Known allergies \_\_\_\_\_  
 Previous hospitalizations, surgeries, injuries or serious illness \_\_\_\_\_  
 \_\_\_\_\_  
 Medications currently being taken \_\_\_\_\_  
 Has any physician ever recommended that there should be any limits placed on participation in competitive sports? \_\_\_\_\_

**Please list any other useful information or health concerns for your swimmer(s):** \_\_\_\_\_  
 \_\_\_\_\_

The above named child(ren) has/have our permission and consent to travel with NEBRASKA AQUATICS SWIM CLUB coach(es) and/or any official chaperones. We transfer parental responsibility of the above named child(ren) to NEBRASKA AQUATICS coach(es) and/or representatives for the duration of the meet(s) including travel to and from the meets. In the event of illness or injury to said child(ren) while traveling to or from or while participating in any such meet and after an attempt has been made to reach the parents or guardian of the child(ren) informing them of such illness or injury, the NEBRASKA AQUATICS coach(es) and/or designated representative(s) is/are authorized to contract for and to authorize the treatment by a medical doctor for said child(ren) as fully as we could do if present.

In consideration of said child(ren) being permitted to travel with said party and with further consideration of the coach(es) and/or any official chaperones accompanying the team, we do hereby release and agree to hold harmless, unless negligence is involved, the NEBRASKA AQUATICS SWIM CLUB, the coach(es), and official chaperones from any and all claims and liability, costs, and expenses arising out of or resulting from the procurement of medical treatment for said child(ren) as aforementioned. **This release also includes practices and Nebraska Aquatics team-sponsored activities in which parents are absent should a medical emergency arise.**

Signature of Parent(s) or Guardian(s) \_\_\_\_\_ Date \_\_\_\_\_

# NEBRASKA AQUATICS SWIM CLUB

## CODE OF CONDUCT

The purpose of this code is to promote responsibility to put forth the best possible individual, team, and organization image and to support the development of first-class citizens at all times. All NA members participating in practices, meets, and any other type of NA-sponsored event will abide by this code of conduct.

### PART I – GENERAL CODE OF CONDUCT RULES

- NA coaches prefer participants wear red/black suits and NA swim caps as designated during competitions.
- All swimmers will participate in all designated championship meets for which they qualify.
- Use of alcoholic beverages is unacceptable at any time during any NA activity or trip. The underage use of alcoholic beverages is unacceptable at any time during the year.
- Smoking is unacceptable at any time during any NA activity or trip. The underage use of tobacco is unacceptable at any time during the year.
- Use of drugs other than those prescribed by your physician is unacceptable at any time during the year.
- Disrespectful, indiscreet, or destructive behavior will not be tolerated. It is the responsibility of each swimmer to make every effort to avoid guilt by association with such activities at any time during the year.
- Curfews at team travel events will be obeyed during Nebraska Aquatics, Midwestern Swimming, or USA Swimming sponsored events and related activities. Extensions will only be granted by the Head Coach(es). Curfew is not enforced if a participant is with his/her parent/guardian.
- Male and female swimmers may not be in each other's room on any team trip unless supervised by a designated club official.
- Remember what you put on social media stays out there. Please, remember that you are a billboard for your school, team, and parents. Let's be the team that others wish they were on.
- All swimmers and their parents/guardians have a responsibility to do their best to ensure that this Code of Conduct is adhered to and to help ensure the safety of all NA participants.

### PART II – VIOLATION OF THE CODE OF CONDUCT RULES

**At the discretion of the Head Coach(es), any one or all of the following penalties will be applied:**

- Swimmer may be scratched from the meet.
- Swimmer may be sent home immediately from practice, meet, or event at his/her own expense.
- Swimmer may be suspended from the team until the swimmer and parents/guardians have had a conference with the Head Coach(es) and appropriate disciplinary actions have been implemented. This is automatic with violations of Rules 3, 4, 5 and/or 6 in the General Code of Conduct above.
- Violation of General Code of Conduct Rules 3, 4, 5, 6, 7, and/or 8 on team trips will result in the swimmer being suspended from ALL team trips for the remainder of the swim year and/or a specific period determined by the Head Coach(es).
- Swimmer will be held responsible to pay any damages or make any type of suitable compensation for applicable actions.

**I agree to abide by the General Code of Conduct as set forth in Part I above and also acknowledge that I will be subject to disciplinary action and possible suspension as set forth in Part II should I violate any provision in Part I.**

\_\_\_\_\_  
Signature of Swimmer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date