



New Swimmer Registration Form



Billing Information

Last Name _____	First Name _____
Street _____	City _____
Home Phone _____	Zip _____
Work/Cel Phone _____	Login e-mail _____

Contact Information

SMS (number used for text messages)

Text #1 _____	Text #2 _____
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Contact Information

Parent/Guardian #1

Last Name _____	First Name _____
Work Phone _____	Cel Phone _____

Parent/Guardian #2

Last Name _____	First Name _____
Work Phone _____	Cel Phone _____

Emergency Contact Information

Last Name _____	First Name _____
Work Phone _____	Cel Phone _____

Swimmer Registration

Last Name	First Name	Middle Name	Preferred Name	Date of Birth	M/F	Team Level (M/D/B/S/HS)

PLEASE READ AND INITIAL

- _____ I understand the fee structure, volunteer hours, and the policy regarding refund.
- _____ I understand that the fees are subject to change upon Board approval
- _____ I understand the option to either use Automatic Payment or keep a positive balance of \$150 in my account.
- _____ I understand 30 days written notice will be given to the board when withdrawing from the team.
- _____ I understand the monthly payment must be made by the 10th of the month to avoid a #10.00 late fee
- _____ I understand the policies regarding volunteering
- _____ I give my permission for the individuals named above to participate in SSC activities, unless I notify the club in advance and in writing.
- _____ I certify that the above information is correct and the individual(s) named above are eligible in accordance with the rules of USA Swimming

Signature of Parent/Guardian _____ Date _____

Signature of Billing Party _____ Date _____

SOONER SWIM CLUB
AUTHORIZATION/CONSENT FOR MEDICAL TREATMENT

One swimmer per form. Print additional copies of this form as needed.

SWIMMER'S NAME:

PHYSICIAN: PHONE:

Insurance carrier/group: PHONE:

Medications currently being taken:

Known allergies:

The above named swimmer has our permission and consent to travel with Sooner Swim Club (SSC) coach(es) and/or any official chaperones. We transfer parental responsibility of said swimmer to the SSC coach(es) and/or representative(s) for the duration of the meet(s) including travel to and from the meet(s). In the event of illness or injury to said above swimmer while traveling to or from or while participating in any such meet and after an attempt has been made to reach the parents/guardians informing them of such illness or injury, the SSC coach(es) or designated representative(s) is/are authorized to contract for and to authorize the treatment by a medical doctor for said swimmer as fully as we could do if present. Blood transfusions, if medically deemed advisable or necessary, **ARE/ARE NOT** (circle one) authorized as part of treatment.

In consideration of said swimmer being permitted to travel with said party, and further and further consideration of the coaches and/or any official chaperones accompanying the team, we do hereby release and agree to hold harmless, unless negligence is involved, the Sooner Swim Club, the coaches and official chaperones from any and all claims and liability, costs and expenses arising from the procurement of medical treatment for said swimmer aforementioned.

This release also includes practices and SSC team sponsored activities in which parents are absent, should a medical emergency arise.

Executed this _____ day of _____ 200_____

Signature of Father or Guardian _____

Signature of Mother or Guardian _____

Please list any other useful information or health concerns:

SOONER SWIM CLUB CODE OF ETHICS AND CONDUCT

I. ACKNOWLEDGEMENT:

I, as a member of the SOONER SWIM CLUB, understand and will comply with the following guidelines as set forth by UNITED STATES SWIMMING, the OKLAHOMA SWIMMING COMMITTEE, and the SOONER SWIM CLUB.

II. GENERAL CONDUCT:

A. All participating team members shall abide by this CODE OF ETHICS AND CONDUCT.

B. Team members will display proper respect and sportsmanship toward all coaches, officials, administrators, fellow competitors and the public. This includes, but is not limited to promptly following all instructions given by the coaches, not arguing with officials, and not interfering with the practice of their fellow team members

C. Team members will refrain from **any** illegal or inappropriate behavior that would detract from a positive image of SSC or be detrimental to its performance objectives.

D. The possession or use of alcohol, tobacco products, fireworks, firearms, or controlled substances by an athlete during **any** team activity (including practice and meet facilities and surrounding areas) is prohibited.

E. Every SSC swimmer has the privilege to participate in a safe, supportive environment. As such, **no athlete, parent/guardian or relative** shall engage in activities intended to harm, intimidate, or harass any SSC swimmer. Any person guilty of attacking a swimmer whether through verbal, physical or any other means shall be subject sanction by the SSC Board of Directors. This may include suspension of practice privileges, disallowance of meet entry, or in extreme cases, termination of a member athlete from SSC.

F. The taking, displaying, or sending of **any** pornographic image/recording is strictly prohibited and **will** result in immediate termination of an athlete from SSC. No exceptions will be made. Parents/guardians or relatives guilty of this behavior will be immediately barred from attendance at all practices and meets.

G. Additional guidelines will be established by the coaches and the Board of Directors as needed.

H. Guidelines as set forth by the owner of the practice/meet facility if other than SSC.

III. IMPLEMENTATION:

A. All team members are apprised in writing of this policy. Signature of the document constitutes unconditional agreement to comply with the CODE OF ETHICS AND CONDUCT.

B. Failure to comply with the CODE OF ETHICS AND CONDUCT as set forth in this document for the SOONER SWIM CLUB may result in disciplinary action under the provisions set forth.

IV. VIOLATION OF THE CODE:

Such disciplinary action may include, but not be limited to:

A. Immediate dismissal from any SOONER SWIM CLUB activity.

B. Suspension or dismissal from all SOONER SWIM CLUB activity.

C. Responsibility to pay any damages or make any type of suitable compensation for applicable actions.

D. A review by the OKS REVIEW COMMITTEE and possible suspension from OKLAHOMA SWIMMING (or possibly UNITED STATES SWIMMING, if appropriate).

I hereby agree to abide by the rules of conduct set forth in Part II above and acknowledge that, should I violate any provisions of Part II, I will be subject to disciplinary action as set forth in Part IV. I further acknowledge that this set of guidelines may serve as the only disciplinary warning received.

Signature of Swimmer: _____

Date: _____

Signature of Swimmer: _____

Date: _____

Signature of Swimmer: _____

Date: _____

Signature of Parent: _____

Date: _____



CONSENT, LIABILITY, AND INDEMNIFICATION RELEASE FORM

I, the undersigned parent/guardian, consent to the collection of personal information regarding my swimmer (s) for internal use by Sooner Swim Club.

I consent to the collection of personal information regarding my family account for internal use by Sooner Swim Club, as well as for use in a club membership directory.

I do not consent

I hereby give consent for Sooner Swim Club to film or photograph myself, family members, or my swimmer(s) and to use the image, likeness, and/or voice in Sooner Swim Club publications, online content, video, or any other medium for its official purposes including, but not limited to newspaper and magazine articles.

I do not consent

Release:

In consideration of allowing my swimmer(s) to participate in Sooner Swim Club practices/meets/activities, I hereby release and hold harmless Sooner Swim Club and the members of its Board of Directors, employees, and volunteers. I certify that my swimmer(s) is in good health and have no physical condition that would prevent participation in any of the practices/meets/activities. Furthermore, I agree to use my swimmer's(s') personal medical insurance as a primary medical coverage payment if accident or injury occurs.

Indemnification:

The undersigned parent/guardian further agrees to indemnify, save and hold harmless the Released Parties from any and all claims, demands, losses, damages and liabilities for indemnities, contribution or otherwise with respect to any damage and /or injury, of any type, arising from participation in the practices/meets/activities. The undersigned also agrees that this Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement extends to all acts of negligence by the Released Parties and is intended to be as broad and inclusive as is permitted by the laws of the State of Oklahoma and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I also agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

Swimmer(s) Name: _____

Signature of Parent: _____

Date: _____



PLEASE PRINT LEGIBLY • COMPLETE ALL INFORMATION:

Form fields for personal information: LAST NAME, LEGAL FIRST NAME, MIDDLE NAME, PREFERRED NAME, DATE OF BIRTH (MO/DAY/YR), SEX (M/F), AGE, CLUB CODE, NAME OF CLUB YOU REPRESENT. Includes example text: (Bill, Beth, Scooter, Liz, Bobby) and instruction: If not affiliated with a club, enter "Unattached"

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 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 E-MAIL ADDRESS, ATHLETE'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

OPTIONAL DISABILITY and RACE AND ETHNICITY section. Includes checkboxes for various disabilities (A, B, C, D) and race/ethnicity options (Q, R, S, T, U, V, W).

MAKE CHECK PAYABLE TO: OKLAHOMA SWIMMING

MAIL APPLICATION & PAYMENT TO: Oklahoma Swimming P.O. Box 690782 Tulsa, OK 74169

Table with 2 columns: Fee Description, Amount. Row 1: 2020 REGISTRATION FEE Sept. 1, 2019 through Dec. 31, 2020. Row 2: USA Swimming Fee \$62.00. Row 3: LSC Fee \$15.00. Row 4: TOTAL DUE \$ 77.00

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 _____