



July 15, 2021

Dear **New** Swim Team Family,

Welcome to the 2021-2022 Season! **Please note that your swimmer(s) must have already been evaluated by a coach and told there is an opening in your swimmer's group in order to complete the registration process described in this letter.** The following information will describe how to complete your registration for this year. Forms can be printed from our website, [www.recplexsharks.org](http://www.recplexsharks.org) Click on 2021-2022 Registration on the home page. You will need to complete all forms and fees and **return them by mail to the team administrator, Karen Butz, 13 Arrowhead Circle, St. Charles, MO 63301.** All forms and fees must be **postmarked by Monday, August 16, 2021!!!**

**To complete your registration, please fill out and return the following information:**

1. Registration form
  - a. The amount you will be paying for each child **must be circled** on the form.
2. Release form(s) **(Please complete one form for each swimmer)**
3. Meet service requirements form **(Please complete one form per family)**
4. USA 2022 athlete registration form(s) **(Please complete one form for each swimmer)**
5. Signature Page for 2021-2022 Season **(Please return one signature page per family. BOTH parents and ALL swimmers must review the policies and sign this form.)**

**Please submit the following fees with your completed forms:**

1. Parents' Association fee: \$100.00 **per family**
2. USA fees: \$72.00 **per swimmer**
3. Hospitality fee: \$15.00 **per swimmer**
4. Bi-monthly Fee: See chart on registration form

The total for fees #1, #2 and #3 may be submitted with one check made payable to the **Rec-Plex Swim Team Parents Association.**

The total for #4 can be paid with a check made payable to the **City of St. Peters** and put in the Sharks Swim Team drop box located next to the offices in the main lobby of the Rec-Plex, or mail to **Rec-Plex Sharks, City of St. Peters, P.O. Box 9, St. Peters, MO 63376**, or with a credit card at the Rec-Plex front desk. When paying with a credit card, you must know the amount that you owe. The front desk will not know the amount that you owe! The bi-monthly fee for September/October must be received by **Tuesday, September 7, 2021.**

**A swimmer transferring from another USA swim team must complete a transfer form and return it to Karen Butz with \$1.00. This must be completed and returned as soon as possible.**

Please call Karen Butz at 636-688-1512 if you have any questions and she will return your call as soon as possible. **Be sure to complete all forms and sign them.** Once your mail-in registration is completed, you will receive confirmation by email of your enrollment on the team.

Thank you in advance for your help and cooperation in making this process as efficient as possible.

Sincerely,

The Rec-Plex Sharks Parents' Association

# REC-PLEX SHARKS

Swimmer's Last Name \_\_\_\_\_ Family Email Address \_\_\_\_\_ Date: \_\_\_\_\_

<u>Swimmer Info</u>	<u>First Name</u>	<u>MI</u>	<u>Sex</u>	<u>Age</u>	<u>DOB</u>	<u>T-Shirt Size*</u>	<u>Group Level</u>
1	_____	_____	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____	_____	_____
4	_____	_____	_____	_____	_____	_____	_____

\*T-Shirt Sizes (Youth Sizes - YM, YL; Adult Sizes - AS, AM, AL, AXL)

Parent Info:      Last Name      First Name      Address      City, State, Zip Code      Phone (Home)      Phone (Cell)

Father \_\_\_\_\_

Mother \_\_\_\_\_

	<u>Bi-Monthly Fees*</u>			<u>Rec-Plex Member</u>			<u>Rec-Plex Non-Member</u>		
	<u>1<sup>st</sup> Child</u>	<u>2<sup>nd</sup> Child</u>	<u>3<sup>rd</sup> Child</u>	<u>1<sup>st</sup> Child</u>	<u>2<sup>nd</sup> Child</u>	<u>3<sup>rd</sup> Child</u>	<u>1<sup>st</sup> Child</u>	<u>2<sup>nd</sup> Child</u>	<u>3<sup>rd</sup> Child</u>
Varsity/Varsity Prep	\$291.00	\$263.00	\$236.00	\$341.00	\$313.00	\$286.00	\$341.00	\$313.00	\$286.00
Junior Varsity/JV Prep	\$259.00	\$235.00	\$210.00	\$309.00	\$285.00	\$260.00	\$309.00	\$285.00	\$260.00
Leopard	\$226.00	\$205.00	\$183.00	\$276.00	\$255.00	\$233.00	\$276.00	\$255.00	\$233.00
Hammerhead	\$204.00	\$185.00	\$165.00	\$254.00	\$235.00	\$215.00	\$254.00	\$235.00	\$215.00
Mako	\$174.00	\$158.00	\$141.00	\$224.00	\$208.00	\$191.00	\$224.00	\$208.00	\$191.00
Tiger	\$138.00	\$125.00	\$113.00	\$188.00	\$175.00	\$163.00	\$188.00	\$175.00	\$163.00

### Yearly Fee Payments\*\*

Parents Association Fee	\$100.00 per Family
Hospitality Fee	\$15.00 per Swimmer
USA Swimming Card	\$72.00 per Swimmer

Parent Signature \_\_\_\_\_

\* Bi-Monthly fees are due to the City of St. Peters by the 1<sup>st</sup> of every other month.

\*\*Yearly Fee Payments are made payable to the Rec-Plex Sharks Parents Association

**Rec-Plex Sharks  
USA Swim Team  
Release Form**

I hereby give my permission for \_\_\_\_\_ to swim with the Rec-Plex Sharks Swim Team for the 2021-2022 season.

I further waive all claims for injury, accident, or liability of any kind for the above mentioned swimmer, and in case of accident or injury in any way resulting directly or indirectly from participation in such program, hold harmless from any liability the City of St. Peters, the Sharks Parents' Association, Board Members, Team Administrator, Coaching Staff, or any other person or persons in any way connected or associated with the program.

Furthermore, in case of emergency medical attention which may be required, I authorize the City of St. Peters, Sharks Coaching Staff, Team Administrator, Board Members, or other adults in an official capacity with the team to act for me according to their best judgment and ability.

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**Medical Information**

List any medication and dosage the swimmer is now taking: \_\_\_\_\_

\_\_\_\_\_

Pre-existing conditions (asthma, epilepsy, etc.): \_\_\_\_\_

\_\_\_\_\_

Allergies (including medications): \_\_\_\_\_

\_\_\_\_\_

Other pertinent information the coaching staff should know about: \_\_\_\_\_

\_\_\_\_\_

Physician's name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Father's name: \_\_\_\_\_ Mother's name: \_\_\_\_\_

Home phone #: \_\_\_\_\_ Home phone #: \_\_\_\_\_

Office phone #: \_\_\_\_\_ Office phone #: \_\_\_\_\_

Cell phone #: \_\_\_\_\_ Cell phone #: \_\_\_\_\_



## MEET SERVICE REQUIREMENTS 2021 – 2022 SEASON

The service requirements explained below apply to meets held at the Rec-Plex and hosted by the Sharks. Home meets are a major source of income for the Sharks, and thus help lower the cost of swimming for everyone. Accordingly, we require all Sharks families to make a minimum investment of time and effort to ensure their success.

If one or more children of a family are entered in a meet, then one family member will be scheduled to work **each session that they have a swimmer(s) swimming.** If a family member does not show up on time or does not work the entire assigned session, the family will be assessed \$100.00 for each missed or uncompleted session, the swimmer (s) will not be able to swim the next session they are entered in at a home meet and their meet fees will not be refunded. **Swimmers will not be entered in any future meets until the assessment is paid.**

If unavoidable circumstances occur and a family **cannot work their entire scheduled sessions,** then they may:

1. Ask another family to substitute for them.
2. Explain the circumstances to the team administrator or meet director and reach a resolution at least 2 days prior to the meet.

**If your child does not compete in any meets during the season,** your family must still fulfill a minimum work duty equivalent to one full day of one home meet during the 2021-2022 season. One full day means two sessions, served consecutively on one day of competition, or split between two days. If this obligation is not met, the family will be assessed \$100.00 for each unfulfilled session.

Thank you in advance for your support: Meets hosted at the Rec-Plex are among the most popular and best attended in the Ozark LSC. ***Your active involvement helps make that happen!***

**Swimmer(s) Name:** \_\_\_\_\_

**Signature of Parent or Guardian:** \_\_\_\_\_



## SIGNATURE PAGE for 2021-2022 SEASON

By signing and returning this form I acknowledge I have reviewed the Code of Conduct for parents, Code of Conduct for athletes, Minor Athlete Abuse Prevention Policy (MAAPP), Bullying Policy, and Photography Policy. These policies are posted on our website for your review.

**Please note: BOTH parents and ALL athletes MUST review the policies listed above and sign this form.**

Parent \_\_\_\_\_ Date \_\_\_\_\_

Parent \_\_\_\_\_ Date \_\_\_\_\_

Athlete \_\_\_\_\_ Date \_\_\_\_\_

Athlete \_\_\_\_\_ Date \_\_\_\_\_

Athlete \_\_\_\_\_ Date \_\_\_\_\_

Athlete \_\_\_\_\_ Date \_\_\_\_\_



**USA SWIMMING**

**2022 ATHLETE REGISTRATION APPLICATION  
LSC: OZARK SWIMMING (OZ)**

**PLEASE PRINT LEGIBLY • COMPLETE ALL 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		

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](http://www.usaswimming.org/apt)

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 NUMBER	FAMILY/HOUSEHOLD EMAIL ADDRESS	MEMBER'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

2022 REGISTRATION FEE	
Sept. 1, 2021 through Dec. 31, 2022	
USA Swimming Fee	\$66.00
LSC Fee	\$6.00
<b>TOTAL DUE</b>	<b>\$72.00</b>

OPTIONAL	
<b>DISABILITY:</b> <input type="checkbox"/> A. Legally Blind or Visually Impaired <input type="checkbox"/> B. Deaf or Hard of Hearing <input type="checkbox"/> C. Physical Disability such as amputation, cerebral palsy, dwarfism, spinal injury, mobility impairment <input type="checkbox"/> D. Cognitive Disability such as severe learning disorder, autism	<b>RACE AND ETHNICITY</b> (You may check up to two choices): <input type="checkbox"/> Q. Black or African American <input type="checkbox"/> R. Asian <input type="checkbox"/> S. White <input type="checkbox"/> T. Hispanic or Latino <input type="checkbox"/> U. American Indian & Alaska Native <input type="checkbox"/> V. Some Other Race <input type="checkbox"/> W. Native Hawaiian & Other Pacific Islander

- 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)

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: \_\_\_\_\_

SIGN HERE x \_\_\_\_\_ SIGNATURE OF ATHLETE, PARENT OR GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_

LSC USE ONLY
REG. DATE : _____
CHECK #: _____