



CALIFORNIA DOLPHIN SWIM TEAM

MEMBERSHIP POLICIES AND PROCEDURES

Joining CDST

To join CDST each family must complete and turn in the following:

1. CDST membership agreement (Signature and initials everywhere required)
2. CDST Emergency/Waiver form
3. Payment in the form of Check, Zelle, Bill Pay

Financial Obligations

1. CDST Annual Membership Fee: \$145 per swimmer (including registration + team apparels)
2. Annual USA Registration fee: \$73.00 per swimmer
3. Fees are due and payable in full on the 1st of each month.
4. Family Monthly fees are as follows:

GROUP	1st SWIMMER	2nd SWIMMER	Additional Swimmer
Elite	\$275	\$192.50	\$137.50
Senior	\$225	\$157.50	\$112.50
Platinum	\$225	\$157.50	\$112.50
Gold	\$200	\$140.00	\$100.00
Silver	\$175	\$122.50	\$87.50

Billing Policy

- ◆ To be a member of CDST, we do need a working email for any team information that needs to be sent which will include but not limited to pool status, service jobs available, payments past due, etc.
- ◆ Dues are billed monthly from September to July. No dues charges for August.
- ◆ Swimmers who have not given a resignation notice 2 weeks prior to the 1st of the month they are resigning are obligated for the fees for that month.
- ◆ Due Date: the 1st day of the month.
- ◆ Late Fee: \$20.00 is assessed if payment is received after the 6th day of the month due.
- ◆ Returned checks: Service fee of \$25.00.
- ◆ Sibling Discount: 30% discount for each additional swimmer.



SWIM GROUP INTRODUCTION

Summary of Time/Age Description of Each Group				
	10 & Un	11-12	13-14	15 & Up
No Time Standards	Silver	Silver	Senior	Senior
B	Silver/Gold	Gold	Platinum/Senior	Senior
BB	Gold	Gold/Platinum	Platinum	Senior
A	Gold	Platinum	Platinum/Elite	Elite
AA & Better	Gold/Platinum	Platinum	Elite	Elite

All time standards are based on the current USA Swimming Motivational Times,
<https://www.pacswim.org/userfiles/cms/documents/801/2021-2024-motivationaltimes-top16.pdf>

Elite Group

Minimum Requirements:

- 13 and Up
- Single sport athlete
- Close to Far Western qualifications in multiple events
- The final decision for selection to Elite Group is at the discretion of the Head Coach after a formal interview with each swimmer and their parents.

Goals:

- The goal of Elite Group is for swimmers to achieve competitive successes at their highest potentials.
- Strong team dynamic will be emphasized to prepare swimmers for collegiate swimming careers.
- Swimmers will target Olympic Trial, National, US Open, Junior National, Futures, and Sectional qualifications and selection to the National Youth Team and National and Diversity Select Camps.

Practice & Competition:

- 6-8 practices per week, 15-20 hours of total training hours.
- One scheduled meet per month, plus qualified meets and travel meets.

Attendance:

- Minimum 90% practice a week or one absence per week.
 - Absences must notify the Head Coach in advance.
- Must attend Elite Group practice during High School Swimming Season
 - Absences for high school meet and events must notify the Head Coach in advance.
- They expect to participate in all scheduled meets and qualified meets unless approved absences by the Head Coach in advance.



Senior Group

Minimum Requirements:

- High School Age (13-18)
- Previous swim team experience, including high school and recreation team.
- The final decision for selection to Senior Group is at the discretion of the Group Coach after the tryout

Goals:

- The goal of the Senior Group is for swimmers to receive technical training and competitive experience that will prepare them for high school swimming.
- Target to qualify for higher-level Regional meets, like Far Western and NCS.

Practice & Competition:

- Five practices per week, 10 hours of total training hours.
- One scheduled meet per month, plus qualified meets.

Attendance:

- Minimum 60% practice a week
 - Absences must notify to Group Coach in advance
- The team will provide practice options during High School Swimming Season and Water Polo Season.
- They expect to participate in 80% of scheduled meets and qualified meets unless approved absences by Group Coach in advance.

Platinum Group

Minimum Requirements:

- 9 -13 years old
- Multiple events meet USA Swimming Motivation Standards. Close to Junior Olympic and Far Western qualifications in multiple events
- The final decision for selection to Platinum Group is at the discretion of the Group Coach and Head Coach after tryout session.

Goals:

- The goal of the Platinum Group is for swimmers to receive technical training and competitive experience that will prepare them for Elite Group.
- Target to qualifying for higher-level age group meets, Junior Olympic and Far Western.

Practice & Competition:

- Five practices per week, 10 hours of total training hours.
- One scheduled meet per month, plus qualified meets and travel meets.

Attendance:

- Minimum 90% practice a week or one absence per week.
 - Absences must notify the Head Coach in advance.
- Must attend Elite Group practice during High School Swimming Season
 - Absences for high school meet and events must notify the Head Coach in advance.
- They expect to participate in all scheduled meets and qualified meets unless approved absences by the Head Coach in advance.



Gold Group

Minimum Requirements:

- 9 - 12 years old
- At least one event meets USA Swimming Motivation Standards.
- The final decision for selection to Gold Group is at the discretion of the Group Coach after the tryout session.

Goals:

- The goal of the Gold Group is for swimmers to receive technical training and competitive experience that will prepare them for Platinum Group.
- Target to qualifying for higher-level age group meets, Junior Olympic.

Practice & Competition:

- Four practices per week, 6.5 hours of total training hours.
- One scheduled meet per month, plus qualified meets.

Attendance:

- Minimum 80% practice a week
 - Absences must notify to Group Coach in advance
- They expect to participate in 80% of scheduled meets and 100% qualified meets, Junior Olympic and Far Western, unless approved absences by Group Coach in advance.

Silver Group

Minimum Requirements:

- 6 - 12 years old
- Ability to swim all four strokes legally.
- The final decision for selection to Silver Group is at the discretion of the Group Coach after the tryout session.

Goals:

- The goal of the Silver Group is for swimmers to receive technical training and competitive experience that will prepare them for Gold Group.
- Target to meet USA Swimming Motivation Standards and qualify for higher-level age group meets, Junior Olympic and Far Western.

Practice & Competition:

- Three practices per week, 4.5 hours of total training hours.
- One scheduled meet per month, plus qualified meets.

Attendance:

- Swimmers are strongly encouraged to attend all practices and meets.

Group Evaluation

Group evaluation will happen in the following two time frames:

1. Summer End - prepare for the new season.
2. February - March before High School Swimming Season



SWIMMER CODE OF CONDUCT

As a member of California Dolphin Swim Team, we are expected all members conduct in a proper manner acceptable to the general standards of good behavior. It is our responsibilities to enforce the rules and regulation and every member's responsibilities to follow it.

- Swimmers shall demonstrate good sportsmanship, respect, and show courtesy to their teammates, parents, coaches, competitors, and meet officials at all times.
- Swimmers shall maintain self-control at all times. Know your role:
Swimmers – Swim
- Swimmers shall be supportive and cheering for your teammate during the practice and meet.
- Swimmers shall show up practice on time. Be ready to get in the water on time for practice and meet warm-ups. Be prepared to swim. Have your equipment ready. Bring extra caps and goggles.
- Swimmers shall keep your absences to a minimum so you can benefit from all that is offered and improve your times.
- Dunking, inappropriate language and/or foul language, sitting on lane lines, splashing, spitting, hitting, trash talking, and belittling are not allowed.
- Swimmers shall be accountable for your own action.
- Any tobacco products, performance enhancing drugs, and alcohol are strictly prohibited for all members.

VIOLATION OF ANY OF THE ABOVE RULES WILL RESULT IN IMMEDIATE SUSPENSION WHICH LEADS TO POSSIBLE DISMISSAL FROM THE CALIFORNIA DOLPHIN SWIM TEAM.



PARENT CODE OF CONDUCT

Our policies help to guide California Dolphin Swim Team (CDST) and ensure continued success. CDST is fortunate to have highly experienced, professional coaches working to develop children into better swimmers and more importantly, disciplined people. It is essential that all parents give our coaching staff the respect and authority they deserve to run our swim team. Our coaches are hired for that purpose and our coaches have every child's best interest at heart.

CDST encourages open communication between parents, swimmers, and coaches. CDST encourages parents to call, email, and/or set up meetings with coaches as needed. CDST encourages positive reinforcement of all swimmers in all situations. CDST encourages parental involvement in fundraising, approved social events, and swim meets.

The Parent Code of Conduct was developed as a standard to emphasize our organization's commitment to making everyone's involvement with our club a positive experience.

As a parent of a swimmer and member of California Dolphin Swim Team, I will abide by the following guidelines:

- I. Practice teamwork with all parents, swimmers, and coaches by supporting the values of Discipline, Loyalty, Commitment and Hard Work.
- II. As a parent, I will not coach or instruct the team or any swimmer at practice or meets (from the stands or any other area) or interfere with coaches on the pool deck.
- III. As a parent, I understand that open criticism, abusive treatment, abusive language, or gestures directed toward the coaches, officials, and/or any participating swimmer will not be permitted or tolerated.
- IV. I understand that during competitions, questions or concerns regarding decisions made by meet officials are directed to a member of our coaching staff. Parents address officials via the coaching staff only.
- V. I understand that I am welcome to watch practice from the stands and that I should not interrupt a coach during practice unless I have an emergency.
 - The USA Swimming Insurance Coverage for clubs state: "Anyone on deck during a swim team practice must be a certified USA Swimming Coach or USA Swimming registered athlete members assisting a coach." The coach must ALWAYS maintain direct line of sight and supervision. For this safety and insurance coverage, parents are welcome to watch practice in the stands only.

Sanctions: CDST maintains the right to terminate any membership with cause in the interest of our vision, missions, and objectives.



PARENT SERVICE HOUR OBLIGATION

Family involvement is essential for the success of CDST. Our team relies on parent support, and as a team, each member has the obligation to involve themselves in swim team activities. Each family requires fulfilling a minimum of 20 service hours per swim season. The swim season runs from September through next August.

There are many ways to fulfill your service hour commitment. We are strongly encouraging parents to get involved with team operations and activities. Here are some ways to get involved:

- Become a board member.
- Become an Official
- Sign up as a timer at the meet.
- Set-up canopy for the meet
- Assisting with special team events
- Other – when team needs help.

Service hour credit:

You will get "automatic credit" to your account for signing up through "Job Sign-up" at the team web site. Normally, we will notice advance for upcoming event "Job Sign-up" to all team members by email. We recommend to sign-up on the team web site to keep accrue tracking of your service hours.

Extra help is always welcome. We need all families step up to help pull the covers and clean the equipment before and after the practice.

* If your family does not fulfill required Work Obligation hours during the swim year, it will be charged \$30 an hour for any outstanding hours in end of August.

* Families that sign up for a job but fail to show up for that job will be charged a fee of \$30 per hour.



LIABILITY RELEASE AND INDEMNIFICATION FORM

I, the undersigned participant and parent, request voluntary participation for minor to participate in all events, which are hereinafter referred to as the "activities." sponsored by California Dolphin Swim Team, USA Swimming and its local swimming committees. This agreement is valid while the participant is a member of USA Swimming. I consent to my/minor's participation in the activities and acknowledge that the minor and I fully understand my/minor's participation may involve risk of serious injury or death, including losses which may result not only from my/minor's own actions, inactions or negligence, but also from the actions, inactions, or negligence of others, the condition of the facilities, equipment, or areas where the event or activity is being conducted, and/or the rules of play of this type of event or activity. I understand that if I have any risk concerns, I should discuss the risks associated with my participation with the activity coordinators and event staff, before I sign this document and before any activities begins.

Release – Minor's Rights:

In consideration of allowing Minor Participant to participate in the activities, I hereby release and hold harmless California Dolphin Swim Team, USA Swimming and its local swimming committee and their members of its board of directors, officers, employees, volunteers, other participants, and agents (collectively, the "Released Parties"), of and from, and do discharge and waive, any and all claims, demands, losses, damages, and liabilities that Minor Participant may have or sustain with respect to any and all damage and/or injury, of any type, arising out of his or her participating in the activities. 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.

Release – Parents'/Guardians' Rights:

In consideration of allowing Minor Participant to participate in this USA Swimming event, I hereby release and hold harmless the Released Parties, of and from, and do discharge and waive, any and all claims, demands, losses, damages, and liabilities that I may have or sustain with respect to any and all damage and/or injury, of any type, arising from Minor Participant's participation in the activities. 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.



CDST NEW MEMBERSHIP AGREEMENT FORM

FATHER'S NAME

Last First

MOTHER'S NAME

Last First

ADDRESS

STREET NUMBER STREET NAME

CITY ZIP

HOME PHONE _____ ** Please provide email addresses that you check

FATHER'S CELL PHONE _____ **FATHER'S EMAIL _____

MOTHER'S CELL PHONE _____ **MOTHER'S EMAIL _____

Swimmer's Name	Date of Birth	Age	Training Group	Fees
1. _____	_/_/____	_____	_____	\$
2. _____	_/_/____	_____	_____	\$
3. _____	_/_/____	_____	_____	\$

1st & Last Monthly Dues: \$

CDST Annual Family Membership Fee \$ 145.00

USA Registration (Annual) \$73 each swimmer \$ 73.00

TOTAL REGISTRATION FEE: \$



CDST NEW MEMBERSHIP AGREEMENT FORM

Dues and Billing: The undersigned agrees to pay team dues per month. Monthly fees are due and payable on the 1st of each month and delinquent after the 5th of each month. If paid after the 5th, a \$20 late charge will be automatically assessed. If membership payment lapses for two months, membership privileges will be suspended until all fees and late charges are paid in full. ****At least one working email is required for billing purposes.**

Parent Initials: _____

USA Swimming Registration Fee: Every swimmer on the team must be a member of USA Swimming, the national governing body for the sport of swimming (usaswimming.org). The \$73 membership fee is due at registration for new members and must be renewed in December for returning members.

Parent Initials: _____

Service Hours: Each family is responsible for 20 service hours per swim season. Service hours can be earned by timing at swim meets, working at a swim meet we host, food and beverage donations to our team picnic and hosted swim meet, etc. You can also earn service hours by becoming a Pacific Swimming Official or being part of parents committee. Please check the committee you are interested in:

Fundraising Membership Communication Event Swim Meet

Parent Initials: _____

Parent Code of Conduct: I have read and agree to the CDST Code of Conduct for parents. Should I conduct myself in such a way that brings discredit or discord to California Dolphin Swim Team, or USA Swimming, CDST reserves the right to terminate any membership with cause in the interest of our vision, mission, and objectives.

Parent Initials: _____

Liability Release: I have read and agree to the CDST Liability Release.

Parent Initials: _____

Change in Membership Status: A swimmer may **resign** or go on **Leave of Absence** at any time by giving **written notice to CDST 2 weeks prior to the 1st of the month** at 34075 Fremont Blvd, Fremont, CA 94555, or you can email your resignation to Coach Chen. Monthly fees will not be pro-rated for the last month of membership. Any unpaid balance remaining on the date of written resignation must be paid. There may be additional charges if collection costs are incurred to settle a delinquent account. Any swimmer who resigns from CDST without settling his or her account in full will be reported to United States Swimming as a member not in good standing.

Parent Initials: _____

Leave of Absence: A family can choose to go on a **Leave of Absence** to hold their spot on the team by paying \$100 for 1st swimmer & \$50 for 2nd swimmer for every month on leave.

Parent Initials: _____

Please sign below to indicate your acceptance of the terms of this agreement:

"I/we, the undersigned, agree to all of the terms and conditions stated herein and I/we understand that failure to comply with any provision in this agreement is grounds for termination of membership.

Parent's Name (Print): _____

Signature: _____

Date: _____



GENERAL FAMILY INFORMATION

Swimmer's Name _____ Age _____ Date of Birth _____

Parent's Name _____ Home Phone _____

Cell Phone: _____ Email: _____

Address _____

Doctor's Name: _____ Phone Number _____

Dentist's Name: _____ Phone Number: _____

Insurance Carrier: _____ Policy Number _____

Is your child taking any medications? If yes, please explain (use additional sheets if necessary):

Does your child have any medical conditions? (Such as, but not limited to: heart disease, diabetes, allergies, asthma, convulsive disorder, severe allergic reaction to a bee sting...) If yes, please explain and use additional sheets if necessary.

IN CASE OF EMERGENCY, The following persons may be contacted if the parents cannot be reached:

Name	Relationship to child	Phone Number
1. _____	_____	_____
2. _____	_____	_____

Permission to Participate – Medical Release - One signature is required

The undersigned, parent(s) or legal guardian(s) of _____ certify that he/she is of good physical condition and is fit for participation in the activities of California Dolphin Swim Team. I/We understand these activities include aerobic exercises, swim workouts, swim meets, and other activities routinely associated with the development and participation in USA Swimming functions (activities may include transportation to and from meets and swim related social functions). The undersigned shall jointly and independently hold California Dolphin Swim Team, all officers, agents, and employees of California Dolphin Swim Team harmless from any and all liabilities for personal injury and property damage which might arise out of or relate to the conduct of participation in the activities of California Dolphin Swim Team. I/We fully understand the risks associated with physical activities such as competitive swimming and hereby give my/our permission for participation to the above participant for whom we are/I am the legal parent(s) or guardian(s). I/We also hereby agree to the provision of emergency medical procedures that may be required due to illness or injury which might arise out of the participation in the activities with California Dolphin Swim Team to provide emergency medical treatment through a fully licensed hospital or through the family physician or dentist listed. I/We authorize transportation of my/our child by ambulance in an emergency situation. Further, I/We agree to pay all costs associated with such medical care and emergency transportation.

Signature _____

Relationship to Swimmer _____

Date _____

Signature _____

Relationship to Swimmer _____

Date _____