

**Rainier Foothills Swim Team  
2019-2020 Registration Packet**

**Please print the following:**

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**Swimmer Name & Team participating on (Bronze, Silver, Gold, Platinum)**

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**Name of Parent/Guardians**

## **In this packet**

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## Rainier Foothills Swim Team Dues & Registration

### Required Fees:

Fee	Due	Amount
USA Swimming Fee – Required by USA Swimming	Upon Registration	\$77
RFST Monthly/Quarterly Dues	Monthly/Quarterly	Varies by group – see below

### Dues & Payment Options

Group	Monthly Rate	Quarterly Rate
<b>Bronze</b>	\$95	\$270
<b>Silver</b>	\$120	\$345
<b>Gold</b>	\$130	\$375
<b>Platinum</b>	\$140	\$405

RFST is a non-profit cooperative of parents, coaches, and swimmers. We work on a tight budget, so please make sure you pay your dues by the 1st of each month. Failure to pay on time will result in a \$10 late charge. After two weeks with no payment another \$10 late fee will be applied. Falling more than a month behind may result in swimmers being ineligible to participate in practice and meets.

### RFST Payment Increase:

To help the team accommodate for pool rental and other team costs, RFST will be increasing each level by \$10 beginning in the Fall. There is still a \$15 discount for those who pay quarterly.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

## Rainier Foothills Swim Team Practice Structure

**RFST Programs:**

Bronze	Silver	Gold	Platinum
Tuesday/Thursday	Mon/Wed/Fri	Mon/Tue/Wed/Fri Or Mon/Wed/Thu/Fri	Monday-Friday
5:30-6:30	5:00-6:30 Mon/Wed 4:30-6:00 Friday	5:00-6:30 Mon-Thur 4:30-6:00 Friday	5:00-6:30 Mon-Thur 4:30-6:00 Friday

**Practice Rules:**

1. Swimmers are expected to show up to every practice on time and be in the water at the scheduled start time of practice.
2. Swimmers are to show up only on their assigned practice days – we will no longer be allowing silver swimmers on Tuesday/Thursday and we will no longer allow bronze swimmers on Monday/Wednesday/Friday with the exception of coach approved make up practices.
3. Swimmers are allowed to make up missed practices. Coaches must be notified and agree to the day they want to make it up at least 24 hours before the start time of that practice.
4. There are no parents allowed on the pool deck during practice unless a coach has invited them onto the pool deck.
5. Swimmers are expected to give their best at every practice, striving to become better/faster swimmers.
6. Swimmers are to come prepared with water, and required equipment.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

## Rainier Foothills Swim Team Meet Structure

Eligible meets for each level:

Group	Challenge Meets	Special Meets	Invite Meets	Long Course Meets	Champs Meets
Bronze	Yes	Coaches Approval	Swimmer must have Gold Times	Moses Lake Only	Must have Champs Times
Silver	Yes	Yes	Swimmer must have Gold Times	Yes	Must have Champs Times
Gold/Platinum	Yes	Yes	Swimmer must have Gold Times	Yes	Must have Champs Times

Meet Fees:

Charge	Cost
Per Event	\$4-\$8 – Varies by meet
Meet Entry Fee	\$10-\$15 – Varies by meet

**2019-2020 Projected Meet Schedule:**

**Fall SC Season:**

Date	Meet	Location	Type of Meet
10/5	October Challenge	Evergreen College	Challenge
10/26	Cascade Fall Classic	Snohomish Aquatic Center	Special
11/23	November AGI	TBD	Invite
12/7	Fall Divisionals	TBD	Challenge
12/19	PNS SC Champs	King County Aquatic Center	Champs

**Winter/Spring SC Season**

1/10	UPAC New Year Resolutions	Curtis Aquatic Center	Special
1/25	Winter Challenge	TBD	Challenge
3/1	Swim-A-Thon	Enumclaw Aquatic Center	EVERYBODY
3/7	Daffodil Classic	Mt. Tahoma High School	Special
3/12	Senior Sectionals	King County Aquatic Center	Champs
3/19	Age Group Regional	King County Aquatic Center	Champs
4/18	Mark Olson Classic	Curtis Aquatic Center	Special
4/25	Main Morrison	Hazen High School	Bronze

\*The Spring/Summer Long Course Season Schedule will be posted by February

## Rainier Foothills Swim Team Liability/Medical Release Form

If, \_\_\_\_\_ (Print Swimmers Full Name) is injured while participating in programs offered by RFST:

1. I, the parent or guardian of the above-named swimmer, agree to waive any legal claim against USS (United States Swimming), PNS (Pacific Northwest Swimming), and RFST (Rainier Foothills Swim Team).
2. I give consent for RFST to provide medical/athletic training attention, transportation, and emergency medical services as warranted.

If injured while traveling to or from programs offered by RFST via public, private, or any other means of conveyance, I agree to waive any legal claims against USS, PNS, and RFST. By signing this release, I swear that the above-named swimmer is in good physical condition and that I am not aware of any disease or injury that would result in him/her being injured during any program participation.

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

\_\_\_\_\_  
Date

## Rainier Foothills Swim Team Drop Off/Pick Up Agreement

RFST is not responsible for swimmers prior to or after scheduled swim practices. Parents **DO NOT drop off your swimmer(s) at the pool more than 15 minutes prior to practice.** Parents need to pick up their swimmer(s) **NO MORE THAN 15 minutes after a practice.**

I understand that RFST is not responsible for swimmers prior to or after scheduled swim practices.

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

\_\_\_\_\_  
Date

# Rainier Foothills Swim Team Medical History Questionnaire

## Swimmer:

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Last	First	Middle
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## Parent/Guardian Name:

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Last	First	Middle
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Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

## Home Address:

Street: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

## Phone Information:

Phone Contact 1: \_\_\_\_\_ Phone Contact 2: \_\_\_\_\_

## Emergency Contact:

Name of Emergency Contact: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Please circle **Yes** or **No** and provide additional details when requested.

1. Are you **ALLERGIC** to any medications (aspirin, penicillin, etc.)? **Yes** **No**  
If yes, list all medications: \_\_\_\_\_

2. Do you take any prescribed medication on a permanent or semi-permanent Basis (antibiotics, anti-inflammatory, etc.)? **Yes** **No**  
List and give a reason:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Have you ever had an epileptic seizure? **Yes** **No**

4. Have you ever been told by a doctor that you have epilepsy? **Yes** **No**  
If yes, list Medications: \_\_\_\_\_

5. Have you ever been treated for diabetes? **Yes** **No**  
If yes, list medications: \_\_\_\_\_

6. Have you ever been told by a doctor that you have asthma? **Yes** **No**  
If yes, list medications: \_\_\_\_\_

7. Have you ever had a neck injury involving bones, nerves, and discs that disabled you for a week or longer? **Yes** **No**  
Type of injury: \_\_\_\_\_ Date: \_\_\_\_\_

8. Will you wear glasses during practice or competition? **Yes** **No**



9. Do you have any= other conditions we should be aware of (heart, lung, kidney, liver disease, back, knee, shoulder problems, food or insect allergies, etc.)? **Yes** **No**

Explain:

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**The questions on this form have been answered completely and truthfully to the best of my knowledge.**

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

\_\_\_\_\_  
Date

## Rainier Foothills Swim Team Photo Consent Form

I grant Rainier Foothills Swim Team the right to take photographs of me and/or my child in connection with Club experiences at home and away games. I authorize the Club, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that the Club may use such photographs of me and/or my child in connection with the Club for any lawful purpose, including, for example, such purposes as publicity, illustration, advertising, and Web content.

I have read and understand the above and DO NOT grant my permission

I have read and understand the above and grant my permission. Team Name

Swimmers Name: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

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

\_\_\_\_\_  
Date

## **Rainier Foothills Swim Team Additional Obligations**

Swim-A-Thon: At the end of February/early March RFST will be hosting their annual Swim-a-Thon. Every swimmer/family is expected to participate. During the Swim-a-Thon families are expected to help in any way that the team needs.

Sponsorships: We are always looking for new sponsors! If you know of any business that you think would like to sponsor our team please look at our website under the sponsorships tab. It is not required to find sponsors.

**All Packets are due at your swimmers first practice of the 2019-2020 season (beginning September 9). All forms within the packet are required by RFST, PNS, and USA Swimming**

**By signing below, you have agreed to all of the terms in the Rainier Foothills Swim Team Packet. Failure to abide by these terms may result in your discontinuation from Rainier Foothills Swim Team.**

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
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 instruction: (Bill, Beth, Scooter, Liz, Bobby) and 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 and contact 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 (You may check up to two choices): A. Legally Blind or Visually Impaired, B. Deaf or Hard of Hearing, C. Physical Disability such as amputation, cerebral palsy, dwarfism, spinal injury, mobility impairment, D. Cognitive Disability such as severe learning disorder, autism, Q. Black or African American, R. Asian, S. White, T. Hispanic or Latino, U. American Indian & Alaska Native, V. Some Other Race, W. Native Hawaiian & Other Pacific Islander

MAKE CHECK PAYABLE TO:

MAIL APPLICATION & PAYMENT TO:

Table with 2 columns: Fee Description, Amount. 2020 REGISTRATION FEE Sept. 1, 2019 through Dec. 31, 2020. USA Swimming Fee \$62.00, LSC Fee \$15.00, 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 \_\_\_\_\_

## PACIFIC NORTHWEST SWIMMING 2018-19 Concussion Information Sheet

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, **all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly.** In other words, even a “ding” or a bump on the head can be serious. You can’t see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

<b>Symptoms may include one or more of the following:</b>	
<ul style="list-style-type: none"> <li>• Headaches</li> <li>• “Pressure in head”</li> <li>• Nausea or vomiting</li> <li>• Neck pain</li> <li>• Balance problems or dizziness</li> <li>• Blurred, double, or fuzzy vision</li> <li>• Sensitivity to light or noise</li> <li>• Feeling sluggish or slowed down</li> <li>• Feeling foggy or groggy</li> <li>• Drowsiness</li> <li>• Change in sleep patterns</li> </ul>	<ul style="list-style-type: none"> <li>• Amnesia</li> <li>• “Don’t feel right”</li> <li>• Fatigue or low energy</li> <li>• Sadness</li> <li>• Nervousness or anxiety</li> <li>• Irritability</li> <li>• More emotional</li> <li>• Confusion</li> <li>• Concentration or memory problems (forgetting game plays)</li> <li>• Repeating the same question/comment</li> </ul>

<b>Signs observed by teammates, parents and coaches include:</b>
<ul style="list-style-type: none"> <li>• Appears dazed</li> <li>• Vacant facial expression</li> <li>• Confused about assignment</li> <li>• Forgets plays</li> <li>• Is unsure of game, score, or opponent</li> <li>• Moves clumsily or displays incoordination</li> <li>• Answers questions slowly</li> <li>• Slurred speech</li> <li>• Shows behavior or personality changes</li> <li>• Can’t recall events prior to hit</li> <li>• Can’t recall events after hit</li> <li>• Seizures or convulsions</li> <li>• Any change in typical behavior or personality</li> <li>• Loses consciousness</li> </ul>

Adapted from the CDC and the 3<sup>rd</sup> International Conference on Concussion in Sport  
2019 Membership Year (8/23/18 document update)

PACIFIC NORTHWEST SWIMMING  
2018-19 Concussion Information Sheet

**What can happen if my child keeps on playing with a concussion or returns too soon?**

Athletes with the signs and symptoms of concussion must be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage athlete will often under report symptoms of injuries. And concussions are no different. As a result, education of administrators, coaches, parents and athletes is the key for athlete safety.

**If you think your child has suffered a concussion**

Any athlete even suspected of suffering a concussion must be removed from the meet or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without medical clearance.

Close observation of the athlete should continue for several hours. The new “Zackery Lystedt Law” in Washington now requires the consistent and uniform implementation of long and well-established return to play concussion guidelines that have been recommended for several years:

“a youth athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from competition at that time” and

“...may not return to play until the athlete is evaluated by a licensed health care provider trained in the evaluation and management of concussion and received written clearance to return to play from that health care provider”.

You should also inform your child’s coach if you think that your child may have a concussion Remember its better to miss one meet or practice than miss the whole season. And when in doubt, the athlete sits out.

For current and up-to-date information on concussions you can go to:

<http://www.cdc.gov/concussion/HeadsUp/youth.html>

This form must be signed and dated by BOTH athlete and parent or guardian BEFORE the athlete can participate in practice or competition.

\_\_\_\_\_  
Athlete Name Printed

\_\_\_\_\_  
Athlete Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Legal Guardian Printed

\_\_\_\_\_  
Parent or Legal Guardian Signature

\_\_\_\_\_  
Date

Adapted from the CDC and the 3<sup>rd</sup> International Conference on Concussion in Sport  
2019 Membership Year (8/23/18 document update)