



KINCAID FOREST STINGRAYS

Kincaid Forest - 2022 Old Dominion Swim League Team Registration

Mail or drop your registration form by **May 15** to:

Lindsey Hunt
825 Winterberry Dr. SE
Leesburg, VA 20175

Or email to: linzee.hunt@gmail.com

Checks to: Kincaid Forest Stingrays

Venmo: @Lindsey-Hunt-47

REGISTRATION FEES

Kincaid Forest Residents: 1st child \$150.00; 2nd child \$135.00; additional children \$115.00 each due by **5/31/2022**.

Non-Residents: 1st child \$200.00; 2nd child \$185.00; additional children \$165.00 each due by **5/31/2022**.

Additional Needs: team swimsuit, optional swim fins for ages 8 & up; each family **MUST** volunteer for at least 5 meets.

ELIGIBILITY: The Kincaid Forest Stingrays is open first and foremost to Kincaid Forest residents. Swimmers must be 18 or younger as of June 15th, 2022. There is no minimum age to join, but all swimmers must meet minimum requirements to join the team. We are placing a cap of 120 swimmers for the team. Tentative practice schedule is 4 practices a week prior to the start of swim meets, 3 practices a week after meets start. Meets are Saturday mornings and Wednesday evenings.

NON-RESIDENT APPLICANTS: If our cap of 120 has not been reached by May 15th with swimmers from Kincaid Forest, we will then open the team up to non-residents with the following stipulations:

- Non-residents must come from neighborhoods that do not have their own swim team.
- Non-residents must send in their registration form by the deadline of May 15th to get on a waiting list.
- Non-residents on the waiting list will be accepted in two waves, on a first-come, first-serve basis, with swimmers who were former members of the team receiving priority over new swimmers.
- Although family members are welcome to attend all swim team events (including practice), for insurance liability reasons, only the non-resident swimmers who are accepted onto the Stingrays will be allowed to use the Kincaid Forest POOL, and that will be during swim team practice/events ONLY.
- Non-resident applicants will be notified on May 16th as to their acceptance status.

SWIMMER(S) INFORMATION:

Last Name of Child(ren): _____ KF Resident: Yes _____ No _____

First & Last Name of Parent(s)/Guardian(s): _____

Address _____

E-mail Address that is checked DAILY _____

Home Phone _____ Cell _____ Work _____ USA Swimmer?

Emergency Contact (other than parent) _____ Phone _____ YES / NO

Child 1: Name _____ M / F DOB _____ Age (as of 6/15/22) _____ / _____

Child 2: Name _____ M / F DOB _____ Age (as of 6/15/22) _____ / _____

Child 3: Name _____ M / F DOB _____ Age (as of 6/15/22) _____ / _____

Child 4: Name _____ M / F DOB _____ Age (as of 6/15/22) _____ / _____

Please provide middle initial for each child. If they do not have one place an asterisk (*) in the space provided.

Would you like your address & phone number published in a directory on our website only for swim team families to see? This may be beneficial if you need to ask another parent to volunteer in place of you at a meet. ___Yes___No

Do you give your permission for your child to be filmed during swim practice, solely for the purpose of stroke analysis and instruction? ___Yes___No

LIABILITY WAIVER: As the parent/legal guardian of _____, I hereby grant permission for this minor to participate in all activities of this program. I assume all risks and hazards incidental to such participation, including transportation to and from such activities, and do hereby release and waive all claims against Loudoun County, Host pools, volunteers, and other participants. I further grant permission for emergency first aid to be given to this minor in case of injury. Furthermore, if deemed necessary, I grant permission for this minor to be taken to the Emergency Room of a nearby hospital, and its medical staff has my authorization to provide treatment which a physician deems necessary for the well-being of this minor.

Parent/Legal Guardian Signature _____

MEDICAL INFORMATION: Name & Phone of Physician _____

Insurance Company _____ ID or Policy No. _____

List any medications child is taking _____

List Allergies, Chronic Conditions (Bee stings, foods, medicines) _____

Parent/Legal Guardian Signature _____

VOLUNTEERS: Each family is required to volunteer for at least 5 meets. There are several volunteer roles needed in order to run a home meet, we need to fill all positions. We are scheduled to have 5 home meets in 2022; therefore we have an urgent need for volunteers to make the meets work. We also have a critical need for parents to become certified as stroke and turn judges. Also, those certified in the past as stroke and turn judges, we need you to step up and become certified for Starter and/or Ref. We cannot run meets without the proper officials. By signing below you acknowledge your commitment to volunteer for the team for at least 5 meets.

Parent/Legal Guardian Signature _____

T-SHIRT: (We are still hoping to get sponsors this year so the team can afford to provide t-shirts for everyone. If not, we may have them available for purchase, so we are still collecting t-shirt sizes. Remember they tend to run a little small.)

T-Shirt Size Youth _____Sm(6-8) _____Med(10-12) _____Lg(14-16)
Adult _____Sm _____Med _____Lg _____XL

Kincaid Forest Stingrays Code of Conduct

Welcome to the Kincaid Forest Stingrays. As Stingrays, we place great importance upon helping young student-athletes by involving them in an athletic program which builds character and self-esteem and which emphasizes teamwork. Discipline, hard work, and cooperation act as the foundation of this effort. In that vein we have developed these standards by which we expect each swimmer and parent to abide by.

Swimmer's Name: _____
Please Print Name

Swimmer:

1. I understand that being a "Stingray" is a privilege, and I promise to uphold the high standards of all swimming policies and rules.
2. I agree to follow the instructions of the coaches and swim staff/officers without dissent.
3. I understand that disruptive behavior and failure to follow instructions are grounds for dismissal from practices, meets, tournaments and possibly any other swim functions.
4. I agree to attend all scheduled practices and meets. If I am unable to attend, my parents/guardian or I will contact my coach prior to the scheduled time and date.
5. I agree to encourage my teammates' efforts and NOT criticize their mistakes.
6. I agree to conduct myself in a sportsmanlike manner at all times while attending all swimming events. Violations of sportsmanship include physical or non-physical acts and can occur before, during, or after a match. They include, but are not limited to, failing to comply with the directions of the referee, pushing/shoving, biting, striking, kicking, swearing, taunting, spitting, and indicating displeasure with a coach's judgment call.
7. I understand that I will be given one warning of a violation during the current swimming season. If a second violation occurs I may be asked to leave the event or practice facilities.
8. I agree to take good care of the swimming equipment that is issued to me. I understand that I am responsible for any loss or damage due to my misuse or abuse of the equipment.
9. I further understand that any use or possession of tobacco, alcohol, or drugs will be grounds for disciplinary action or may result in the immediate dismissal from the Kincaid Forest Stingrays.
10. I understand that the above listed standards are not negotiable and must be adhered to.

Parent:

1. I understand that my son/daughter is part of a successful program, and that every effort will be made to physically prepare them for the demands of swimming. I promise to support the coaches and the management in this effort.
2. I agree to have my son /daughter at all practices, meets, and tournaments on time and with all the necessary equipment, unless excused by the Head Coach. If my child is unable to attend, I will contact the Head Coach prior to the scheduled time and date.
3. I understand that at no time may I interfere with practice or during a meet.
4. I agree to conduct myself in a sportsmanlike manner at all times while attending all swimming events. Any physical or non-physical advances directed at referees, coaches, swimmers, or other parents that are taunting, disrespectful, or meant to incite negative reaction would be considered unsportsmanlike.
5. I agree that I will be given one warning of a violation during the current swimming season. If a second violation occurs, I will be asked to leave the event or practice facilities.
6. I understand that I will volunteer at a minimum of five of the Kincaid Forest Stingrays activities and events.
7. I understand that the above listed standards are not negotiable and must be adhered to.

I understand and agree to abide by the above listed standards of the Kincaid Forest Stingrays for the upcoming season.

Swimmer's Signature: _____ Date: _____

Parent's/Guardian's Signature: _____ Date: _____



Parental Waiver and Consent 2022 Season

As the parent or legal guardian of the child named below, I hereby give my full consent and approval for my child to participate as a league member in the Old Dominion Swim League.

I understand that there are certain risks of injury inherent in the practice and play of this sport, as well as in traveling and other related activities incidental to my child's participation, and I am willing to assume these risks on behalf of my child. I hereby certify that my child is fully capable of participating in swimming and that my child is healthy and has no physical or mental disabilities or infirmities that would restrict full participation in these activities, except as listed below.

In addition to giving my full consent for my child's participation, I do hereby waive, release and hold harmless the organization named below, its officers, coaches, sponsors, supervisors and representatives for any injury that may be suffered by my child in the normal course of participation in swimming and the activities other cause, incidental thereto, whether the result of negligence or any other cause.

Name of Child _____ Date of Birth _____

Name of Child _____ Date of Birth _____

Name of Child _____ Date of Birth _____

Name of Child _____ Date of Birth _____

Street Address _____ Town _____ State _____

Please list any physical Limitations (allergies, hearing, sight, etc.)

Parent's Signature _____ Date _____

Old Dominion Swim League, Inc.
www.swimodsl.com



Old Dominion Swim League

Parents' Code of Conduct & Responsibilities

As an ODSL parent, I agree to/that . . .

- Not criticize a coach in the presence of my swimmer – the bond between swimmer and a coach is important and should not be undermined.
- Refrain from entering onto poolside during training or competition unless invited to do so by the coach.
- Discuss any concerns regarding my swimmer, as per my team policy, with the coach at a convenient and appropriate time.
- Actively participate in helping the team progress by offering assistance and support to the coaches, committees and team boards.
- Strongly encourage my swimmer to abide by the ODSL rules.
- Discourage unfair play and arguing with officials and coaches while encouraging good sportsmanship.
- Help my swimmer to recognize good performance, not just results.
- Set a good example by recognizing fair play and applauding good performances by all swimmers.
- Never punish or belittle my swimmer for losing or making mistakes.
- Publicly accept the officials' judgments.
- Support my swimmer's involvement and help him/her to enjoy swimming.
- Use correct and proper language at all times.
- Encourage and guide swimmers to accept responsibility for their own performance and behavior.
- Bullying is unacceptable and will not be tolerated.
- Disciplinary matters for unacceptable conduct are at the discretion of the coach, teams and/or ODSL board.

Parent signature: _____