



SAN DIEGO AQUATIC CLUB, INC. (SDAC) MINOR TRYOUT RELEASE & IDENTIFICATION FORM

Participant Name: _____

Location: Rancho Bernardo High School

Address: _____

Activity: San Diego Aquatic Club Tryout

Date: _____

I am the Parent/Guardian of the above-named Participant who is under eighteen years of age and I am fully competent to sign this Agreement. I give permission for Participant to participate in the above-referenced Activity. I acknowledge that the nature of the activity may expose Participant to hazards or risks that may result in Participant's illness, personal injury or death, and I understand and appreciate the nature of such hazards and risks. In consideration of Participant being permitted to participate in the Activity, I hereby accept all risk to Participant's health and of his/her injury or death that may result from such participation and I hereby release San Diego Aquatic Club, Inc. (SDAC), its governing board, officers, employees and representatives from any and all liability to Participant, Participant's personal representatives, estate, heirs, next of kin, and assigns for any and all claims and causes of action for loss of or damage to Participant's property and for any and all illness or injury to Participant's person, including his/her death, that may result from or occur during Participant's participation in the Activity, whether caused by negligence of SDAC, its governing board, officers, employees, or representatives, or otherwise. I further agree to indemnify and hold harmless the Institution and its governing board, officers, employees, and representatives from liability for the injury or death of any person(s) and damage to property that may result from Participants' negligent or intentional act or omission while participating in the described Activity.

I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND IT TO BE A RELEASE OF ALL CLAIMS AND CAUSES OF ACTION FOR PARTICIPANT'S INJURY OR DEATH OR DAMAGE TO PARTICIPANT'S PROPERTY THAT OCCURS WHILE PARTICIPATING IN THE DESCRIBED ACTIVITY AND IT OBLIGATES ME TO INDEMNIFY THE PARTIES NAMED FOR ANY LIABILITY FOR INJURY OR DEATH OF ANY PERSON AND DAMAGE TO PROPERTY CAUSED BY PARTICIPANT'S NEGLIGENT OR INTENTIONAL ACT OR OMISSION.

Signature of Parent/Legal Guardian (if participant is under 18 years old)

Date

Coach Use Only: Please check the swimming group placement for this participant. A registration form will not be accepted without this form and a coach's signature.

| | |
|--|---|
| <input type="checkbox"/> Pre-Competitive | <input type="checkbox"/> Age Group Elite |
| <input type="checkbox"/> Age Group Developmental | <input type="checkbox"/> Senior Developmental |
| <input type="checkbox"/> Age Group Performance | <input type="checkbox"/> Senior Elite |

Coach's Signature _____



SAN DIEGO AQUATIC CLUB, INC. (SDAC) MEMBERSHIP AGREEMENT

Please REVIEW your Membership Agreement with SDAC.

With payment of USA Swimming annual swimmer registration fee entitling our designated child(ren) to participate in the competitive swim program of San Diego Aquatic Club, Inc. (SDAC), I/We agree to abide by the rules and regulations of SDAC as set forth by the corporation. I/We agree to make monthly payments for dues for the 12 months of SDAC's operation.

Specifically, I/We agree to adhere to the established payment schedule:

1. First month's dues and USA Swimming annual registration fee is payable upon joining the team.
2. All fees and monthly dues are payable by the 5th of the month.
3. A late charge of \$25.00 per month is charged for payments received after the 20th of the month.
4. Dues are billed over a 12-month period, September through August.
5. **For Senior Development & Senior Elite Swimmers:** Once a commitment is made to the Senior Team, dues are payable each month, regardless of whether the swimmer is in the water due to high school activities. If a swimmer from these groups inactivates and wishes to rejoin during the current season, payment for the time periods missed will be required. Swimmers are added on a space available basis.
6. All payments should be made to SDAC.

SDAC reserves the right to terminate membership of any member whose actions are considered detrimental to SDAC's welfare as set forth in the by the organization.

Finally, I/We agree that upon withdrawing from SDAC, our account will be paid in full prior to our child's departure from the team.

Name of Participant (print name)

Signature of Parent / Legal Guardian (if participant is under 18 years old)

Date



Agreement

The undersigned parent and the San Diego Aquatic Club (SDAC) agree as follows:

1. Dues

- In consideration of the participation of the swimmer(s) in the SDAC's competitive swim program, the Parent agrees to pay the dues for the swimmer(s)'s practice level that are set forth on the attached dues schedule. Payment shall be made on a 12 month basis. Monthly payment of dues shall be due and payable by the fifth day of each month. If the swimmer is transferred to a different practice group by the coaching staff, the difference in dues for the two practice levels shall be prorated for the remainder of the swim year. If the swimmer withdraws from the swim program or is unable to continue participation in the competitive swim program, notification of withdrawal, whether temporary or permanent, must be submitted in writing prior to the first day of the first month of the withdrawal (30 days notice). Any notification received after that will result in the obligation of dues and financial obligation for that month.
- If the monthly dues payment is not received in full by the 20th of the month, a late fee of \$25 per month will be assessed to the family's dues account.

2. Suspension

- If the monthly dues payment is not received in full by the last day of the month, a notice of delinquency will be mailed. If parent shall fail to pay any delinquent dues of assessment, including late fees, within 14 days from the date of written notice of delinquency, the swimmer shall be suspended from further participation in all SDAC activities, including, but not limited to, practices and meets.
- If parent becomes delinquent in payment of dues or assessments because of financial hardship, he/she may apply to the Treasurer for a waiver of late fees and suspension. A waiver may be granted by SDAC if satisfactory arrangements are made for payment of the delinquent amounts.

3. **Team Assignments.** The assignment of the swimmer(s) to a practice group shall be the decision of the coaching staff. An assignment may be modified during the swim year if the coaching staff believes a different practice group would be more appropriate for the swimmer.

4. **Release of Liability.** Parent hereby releases SDAC, its employees, officers, directors and volunteers and any facility used by SDAC from any liability arising out of any injury to the swimmers which may occur while the swimmer(s) is/are participating in the SDAC swim program, including, but not limited to, practices, meets, travel trips, and other team activities, or while the swimmer(s) is/are using facilities owned, leased or used by SDAC.

5. **Drug, Alcohol & Tobacco Policies.** Parents and all 13 & over swimmers have read, signed, and agree to abide by the Code of Conduct set forth by SDAC.

Signature of Parent/Legal Guardian (if participant is under 18 years old)

Date



SAN DIEGO AQUATIC CLUB, INC. (SDAC) MEDICAL & EMERGENCY INFORMATION

| | |
|---|------------------------|
| Please complete one form per swimmer | |
| Swimmer's Name: _____ | |
| Address: _____ | |
| Father's Name: _____ | Mother's Name: _____ |
| Work/Cell Phone: _____ | Work/Cell Phone: _____ |
| If my child needs to go home because of illness or accident and I cannot be reached, please call: | |
| Name: _____ | Phone: _____ |

Medical Information

Is your child taking any medications? (insulin, sedative, tranquilizer, or anti-convulsive drug)

- Yes If yes, please explain _____
 No _____

Does your child have a significant health problem? (heart disease, diabetes, allergies, asthma, or convulsive disorder, etc.)

- Yes If yes, please explain _____
 No _____

Is your child severely allergic to a bee sting?

- Yes If yes, please explain _____
 No _____

Does your child wear contact lenses or glasses?

- Yes
 No

Please list any other useful information or health concerns _____



IN AN EMERGENCY, I hereby give my consent for treatment to be given by:

| | | |
|----------|----------|--------|
| Doctor: | Address: | Phone: |
| Dentist: | Address: | Phone: |

If the doctor/dentist named above cannot be contacted, please take my child to a medical facility, by ambulance if required, for treatment. By my signature, I authorize any medical provider to give all necessary medical care.

Date: _____ Signature of Parent/Guardian: _____



SAN DIEGO AQUATIC CLUB, INC. (SDAC) WAIVER AND RELEASE OF ALL LIABILITY

I, _____, on behalf of myself and my child, _____, have voluntarily requested to participate in the competitive swim program offered by San Diego Aquatic Club, Inc. (SDAC). I am aware that attending or participating in these activities involves risk of injury to person and property. I voluntarily accept and assume all risk from attending or participating in these activities.

In consideration of being permitted to participate in these activities, I agree, on behalf of myself and my child, our heirs, personal representatives, and assignees, not to make any claim against or sue San Diego Aquatic Club, Inc. (SDAC), their employees, officers, directors, agents, members or board members (collectively referred as the "Released Party"), for any injury or damage to my child or myself arising from negligence, active or passive, or other acts, however caused, by the Released Parties.

In addition, I release and discharge the Released Parties for all actions, claims, or demands that I or my child, our heirs, personal representatives, and assignees have or may hereafter have for personal injuries to my child or myself, or property damage resulting because of the activities described above. This release includes injury or damage caused by negligence, active or passive, or other acts, however caused, by the Released Parties.

I HAVE CAREFULLY READ THIS AGREEMENT AND I UNDERSTAND THAT THIS IS A COMPLETE RELEASE OF ALL LIABILITY, AS WELL AS A PROMISE NOT TO SUE OR MAKE A CLAIM.

Name of Participant (print name)

Signature of Parent / Legal Guardian (if participant is under 18 years old)

Date

The undersigned parent hereby gives permission for any necessary medical care to be given to my child in case of accident or illness. I agree to assume full responsibility for the costs of any treatment provided.

Signature of Parent / Legal Guardian (if participant is under 18 years old)

Date



SAN DIEGO AQUATIC CLUB, INC. (SDAC) CODE OF CONDUCT

As a Member of the San Diego Aquatic Club, I agree to the following policies:

All swimmers competing for and representing San Diego Aquatic Club will conduct themselves in a manner that reflects positive credit to the individual and San Diego Aquatic Club.

- No illegal use of drugs, alcohol, or tobacco will be allowed.
- No unlawful acts will be allowed.
- Swimmers must comply with the instructions of the coaching staff.
- As a guest at a host facility, conduct will be subject to the rules and regulations of such host.
- Swimmers must pay for any and all damages due to misconduct.
- I will commit to the Team Pledge, Training Guidelines, and Goals.
- I will attend and conscientiously apply myself to all required workouts, swim meets, and meetings, unless excused by the coaches.
- I will display respect, honesty, and sportsmanship toward coaches, officials, administrators, parents, and fellow competitors.
- I will refrain from any activity that would detract from a positive image of the program.
- I will maintain a lifestyle that will allow proper sleep, rest, and nutrition necessary for maximum performance.
- I will display a positive and supportive attitude toward the program, coaches and teammates.
- I will not participate in any conduct that is considered detrimental to the team as determined by the coaching staff of SDAC.

Specific to Team Travel

- During travel, swimmers must be present at bed check time as determined and announced by the coaching staff.
- Any behavior that is disorderly or harmful will result in an immediate trip home at the swimmer's expense. Dismissal from the San Diego Aquatic Club will be at the discretion of the San Diego Aquatic Club after inquiry and deliberation of findings and recommendations.
- Male and female swimmers may not be in each other's rooms (siblings excluded) on any team trip unless supervised by a designated club official.
- During team travel, swimmers must provide a copy of their medical insurance card (front and back) to the coaching staff if unaccompanied by a parent or legal guardian.

Parent's Responsibilities

SDAC depends on the support and commitment of our swimmers' parents. We recommend the following to enhance your experience at SDAC.

- Encourage your swimmer to maintain a log book of his times for his or her events as they will be needed to enter meets and monitor their improvement.
- Please help the coaching staff in reinforcing safety concerns around the locker room and pool deck. Well behaved swimmers allow our staff to focus on their coaching and not discipline problems.
- Focus on the best for your swimmer. Encourage and praise your swimmer's hard work and accomplishments, but remember that they are children. Don't hold your child to expectations beyond his abilities or desires.



- Monitor your financial obligations to help our club maintain its financial budgets. If any situation arises that prevents a family's ability to pay, please immediately contact the business manager for possible arrangements.
- I will not participate in any conduct that is considered detrimental to the team as determined by the coaching staff of SDAC.

SDAC Disciplinary Rule: Three Strike Rule

1. Warning to the child about the questionable behavior.
2. Warning to the child and the parent/guardian about the specific behavior and consequence.
3. Suspension or expulsion from the team.

If a child is disruptive during their workout, they may be asked to leave for the remainder of their workout. Please supervise your children before and after practice. Please also keep siblings in the designated viewing area. Thank you for your cooperation.

Name of Participant (please print)

Signature of Participant

Signature of Parent / Legal Guardian (if participant is under 18 years old)

Date