SPARTAN
SWIMMING

2021-2022 Swimmer Registration Packet

McNeese State University

REGISTRATION PACKET
SPARTAN SWIMMING DOCUMENTS

FORM A **Athlete Information Sheet**
Please print clearly … your information is important and must be recorded accurately. Be sure to sign and date the bottom of this form.

This information will be used by Spartan Swimming and will be used to register your swimmer with USA Swimming. USA Swimming registration provides supplemental insurance coverage, a subscription to *Splash Magazine*, and establishes a competitive swimmer I.D. number for your child.

FORM B **Spartan Swimming Financial Obligations and Policies**
Please sign and date this form to indicate that you have read and understand the policies and procedures listed on Form B.

Written/e-mail notification is required when leaving the program. Without this notification you will continue to be billed for the program.

FORM C **Spartan Swimming Code of conduct**
Please sit down with your child and read through this document before it is signed and dated. Swimmers will be held accountable for their actions !

FORM D **Louisiana Swimming Transfer**
If you have ever competed for another USA Swimming club, you must complete this form. The Transfer fee is $42.

FORM E **Louisiana Youth Concussion Act**
Information regarding concussions … mandated by the State of Louisiana.

WAIVER Must be completed, signed, and returned before the first practice.

PARKING PASS Designated parking is labeled on the attached McNeese map … between #13 (Hardtner Hall) & #24 (Parking Garage).

A parking pass will be issued by the Campus Police. If you will be parking, fill out and return the Parking Pass Information sheet along with the Registration Packet.

MAP McNeese Campus identifying designated parking and Rec Center.

Contact Information

Kent Shepherd / McNeese Coach
337-274-4869
kent@salestreet.org

Allan Andersen / SPAR Senior Coach
337-513-8213
SpartanSwimmingLLC@gmail.com

Spartan Swimming / McNeese - Membership Information

A

Section #1 Account Information

Guardian #1 [ ] Mom [ ] Dad [ ] Other	Guardian #2 [ ] Mom [ ] Dad [ ] Other
Name:	Name:
Street Address:	Street Address:
City:	City:
State/Zip:	State/Zip:
Primary E-Mail:	Primary E-Mail:
Home Phone:	Home Phone:
Work Phone:	Work Phone:
Cell Phone:	Cell Phone:

Section #2 Athlete Information

Full Legal Name Required

Last:	First:	Middle:
Date of Birth:	Preferred Name :	Male [ ] Female [ ]

Have You Ever Been Registered With Another USA Team ? [ ] No **[ ] Yes - Transfer Required**

Athlete's E-mail:

Athlete's Cell Phone:

T-shirt Size:

Practice Group: [ ] Novice [ ] Age Group [ ] Senior

Section #3 Emergency Contact

Name:	Physician:
Relationship:	Phone:
Home Phone:	
Work Phone:	Dentist:
Cell Phone:	Phone:

Section #4 Consent and Release

I, the undersigned, as a parent or legal guadian of the athlete listed on this application, intend to be legally bound, hereby certify that the above athlete applicant is physicallyfit and has not been otherwise informed by a physician. I acknowledge that I am aware of risk inherent in a USA SWIMMING, INC. program such as SPARTAN SWIMMING (training and competition) including possible permanent disability or death, and agree to assume all of those risks. I hereby waive any and all rights to claims for loss or damage arising out of the applicant's participation in the SPARTAN SWIMMING program or any activities incident thereto against SPARTAN SWIMMING, it's coaches, officiers, agents, and Ward 3 Recreation, it's employees, officers, or agents.

I have read, understood, and agree to the terms and conditions of this application as it relates to the above athlete applicant.

Print Name:	Signature:	Date:

SPARTAN SWIMMING / McNeese State University
Financial Obligations and Policies

On the 1st of the month Spartan Swimming/Team Unify will e-mail an invoice to each member. This invoice will include new charges, unpaid balances, late fees (if applicable), and *insufficient fund* assessment (if applicable).

- **Payments are due by the 5th of each month.**
- Unless arrangements have been made with the team, balances are due in full. Please contact Coach Allan Andersen if extenuating circumstances will affect your ability to pay on time.
- **A late fee of $20 will be assessed for payments received after the 10th of each month.**
- A $25 fee will be assessed for insufficient funds.

ANNUAL REGISTRATION FEE

New Members	$120	Due with Registration Packet (includes inactive members not currently registered with USA Swimming)
Renewals	$100	Due November 20 (this will be part of the November 1 Invoice)

MONTHLY TRAINING FEES (*include facility fees*)

Novice	$95	1 Hour per Day / Three-Five Days per Week
Age Group	$115	1.5 Hours per Day / Four-Six Days per Week
Senior	$135	Up to 4 Hours per Day / Six Days per Week

MEET ENTRY FEES
Meet entry fees will be posted on-line and will be withdrawn automatically on the 1st of the month along with your regular monthly fees. If you do not use an automatic payment options, these fees are due by the 1st of the next month.

PAYMENTS
Once registered, you are **strongly encouraged** choose an automatic payment option on the Spartan Swimming website. **Those that fall behind in their payments will be required to set up an automatic payment option.** Instructions can be found at *My Tutorial* once you login to the Spartan website. Payments may be paid on-line as an *Account On Demand Payment*, but must be posted by the proper due date.

CHANGE IN STATUS
- If you expect to be gone for a full month (or more), or if you are leaving the program, the team must be notified **in writing/via e-mail** to avoid additional fees being charged to your account.
- Inactivity due to illness or injury will be addressed on an individual basis.

I _____ the parent/legal guardian of _____, who is an athlete member of **Spartan Swimming,** have read, understand, and agree to the billing policies of **Spartan Swimming**, and further understand that I may be held legally responsible for unpaid balances incurred while my child participates in the **Spartan Swimming** program.

_____ _____/_____/_____
Signature (Parent / Legal Guardian) Date

SPARTAN SWIMMING / McNeese State University
Athlete Code of Conduct

As a participant in the Spartan Swimming program I understand and will conform to this Code of Conduct when representing Spartan Swimming (i.e. practice, team socials, team travel, swim meets).

GENERAL RULES OF CONDUCT

- I will show respect to all adults and/or those in authority.
- The possession or use of alcohol, tobacco, or controlled substances is prohibited. Being present and witness to the possession or use of alcohol, tobacco, or controlled substances by another is prohibited.
- I will refrain from illegal and inappropriate behavior.
- I will respect the property of others. Theft and/or vandalism will not be tolerated.
- I will treat my teammates with respect.
- When traveling with the team, I will use the buddy system … staying with two or more teammates when roaming in public areas.
- I will represent Spartan Swimming in a way that will bring honor and respect to the team.
- I will use appropriate language at all times.
- I will not intentionally embarrass my team, teammates, or coaches.
- I will strive to live my life with integrity and fight negative peer pressure.

SPECIFIC RULES FOR TEAM TRIPS

- I will be in my room by the established curfew … no excuses.
- There will be NO phone calls, TV, games, or conversation after *lights out*.
- I understand that the coaches/chaperones will decide roommate.
- I will not be in a hotel room with a member of the opposite sex (even if invited) except in the presence of a coach or chaperone.
- My hotel room will be left in good order. I understand that I am responsible for any damage to my hotel room.
- I understand that post-meet fatigue is not an excuse for missing school the day after an away meet.
- I will be on time and ready for all departures, meetings, and events.
- I understand that my cell phone will be collected at curfew and returned the next morning.

TEAM TRAVEL VIOLATIONS

1st Violation	May be barred from the next travel meet unless the swimmer is accompanied by their parent.
2nd Violation	May be barred from all team travel for 12 months.
3rd Violation	May result in dismissal from the team.

A violation must be reported by a reliable source (i.e. police, hotel manager, coach, chaperone, and/or two or more swimmers). Before a penalty is imposed, a meeting will be held with the swimmer and their parents. If the swimmers and/or their parents refuse a meeting, the penalty will be imposed.

I understand that if I violate any of the items listed above, penalties will be imposed and my standing with Spartan Swimming will be put in jeopardy.

Swimmer's Signature _____ Date _____

Parent's Signature _____ Date _____

USA SWIMMING
LOUISIANA SWIMMING

2022 TRANSFER REQUEST FORM

CURRENT REGISTRATION INFORMATION:

Last Name _____ **First Name** _____ **Middle Name** _____

Address _____

City _____ **State** _____ **Zip** _____ - _____

Home Phone _____

USA Swimming ID Number: _____

Date of Birth ___/___/_____ (MO / DAY / YR) **Sex** ____ (M/F) **Age** _____ **Preferred Name** _____ (Billy, Bob, Beth, Liz)

Previous Club: LSC Code: ___ **Club Code:** _____ **Club Name:** _____

Last date of competition representing this club: _____

Name of meet _____ **City** _____ **State** _____

New Club: LSC Code: _____ **Club Code:** _____ **Club Name:** _____

This will confirm that the above information is correct. I understand that the above athlete will remain Unattached for 120 consecutive days from the date of last open sanctioned competition in accordance with USA Swimming Rules and Regulations 203.3.

_____ _____

Signature of Athlete, Parent, Guardian or Coach **Date**

Louisiana Swimming Transfer Fee: $42.00
Transfer check should be sent by the club and made out to LA Swimming.

The athlete's former club will be notified that a transfer has occurred. It is the responsibility of the athlete's former club to notify the LSC Registrar if the club has obtained a court judgment which would cause the swimmer to be unattached pursuant to Article 203.6.

Article 203.6 If a member club of an LSC has secured a court judgment against an athlete member (or his/her parents or custodians) for non-payment of club membership dues and fees which entitle the athlete to compete attached to the club that athlete shall be ineligible to represent any USA Swimming member club until the judgment is paid.

Updated 5/31/2020

Parents and Athlete
Information Sheet

August 24, 2011

Louisiana Youth Concussion Act (Act 314)

In June 2011 the Louisiana legislature passed, and the governor signed, Act 314, "Louisiana Youth Concussion Act." Act 314 has three major components. Each public and nonpublic elementary school, middle school, junior high school, and high school; and each private club, public recreation facility, and athletic league which sponsors youth athletic activities shall be in compliance with the new state law. To view the law in its entirety, go to: www.legis.state.la.us/billdata/streamdocument.asp?did=760519.

Components

1. Prior to the beginning of each athletic season all coaches, officials, volunteers, youth athletes, and their parents or legal guardians, shall be provided pertinent information regarding the nature and risk of concussion, including the risks associated with continuing to play after a concussion, and proper method and statutory requirements which must be satisfied in order for a youth athlete to return to the athletic activity.
2. Each coach and official, whether employed or a volunteer, that works with athletes ages 7-19 is required to complete an annual concussion recognition course.
3. As a condition of participation in any athletic activity, each youth athlete and youth athlete's parent or legal guardian, must sign a concussion and head injury information sheet which includes, but is not limited to, adequate notice of the statutory requirements which must be satisfied in order for an athlete who has, or is suspected to have, sustained a concussion or head injury, in order to return to the athletic activity.

Statutory Requirements For A Return To Athletic Activity

If a youth athlete is removed from play after showing signs and symptoms that cannot be readily explained by a condition other than concussion, the coach shall notify the athlete's parent or legal guardian and shall not permit the youth athlete to return to play or participate in any supervised team activities involving physical exertion, including games, competitions, or practices until the youth athlete is evaluated by a health care provider and receives written clearance from the health care provider for a full or graduated return to play.

I have read the information above and the ***Heads Up / Concussion in Youth Sports*** *Concussion Information Sheet* (backside of this sheet).

Youth Athlete (Print)	Youth Athlete (Signature)	Date
Parent or Legal Guardian (Print)	Parent or Legal Guardian (Signature)	Date

This form is intended to satisfy 1299.183.B (1) of Act 314, Louisiana Youth Concussion Act for those involved in athletic activities sponsored by Spartan Swimming and conducted at the Power Centre. This is not intended to supersede or replace any form or information provided, or required by any other entity.

Heads Up: Concussion in Youth Sports - Parent/Athlete Concussion Information Sheet

A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by bump, blow, or jolt to the head or body that causes the head and brain to move rapidly back and forth. Even a "ding," "getting your bell rung," or what seems to be a mild bump or blow to the head can be serious.

WHAT ARE THE SIGNS AND SYMPTOMS OF CONCUSSION?

Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury. If an athlete reports one or more symptoms of concussion listed below after a bump, blow, or jolt to the head or body, s/he should be kept out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom-free and it's OK to return to play.

Did You Know?

- Most concussions occur without loss of consciousness.
- Athletes who have, at any point in their lives, had a concussion have an increased risk for another concussion.
- Young children and teens are more likely to get a concussion and take longer to recover than adults.

SIGNS OBSERVED BY COACHING STAFF	SYMPTOMS REPORTED BY ATHLETES
Appears dazed or stunned	Headache or "pressure" in head
Is confused about assignment or position	Nausea or vomiting
Forgets an instruction	Balance problems or dizziness
Is unsure of game, score, or opponent	Double or blurry vision
Moves clumsily	Sensitivity to light
Answers questions slowly	Sensitivity to noise
Loses consciousness (even briefly)	Feeling sluggish, hazy, foggy, or groggy
Shows mood, behavior, or personality changes	Concentration or memory problems
Can't recall events prior to hit or fall	Confusion
Can't recall events after hit or fall	Just not "feeling right" or "feeling down"

CONCUSSION DANGER SIGNS

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. An athlete should receive immediate medical attention if after a bump, blow, or jolt to the head or body s/he exhibits any of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that not only does not diminish, but gets worse
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people or places
- Becomes increasingly confused, restless, or agitated
- Has unusual behavior
- Loses consciousness (even a brief loss of consciousness should be taken seriously)

WHY SHOULD AN ATHLETE REPORT THEIR SYMPTOMS?

If an athlete has a concussion, his/her brain needs time to heal. While an athlete's brain is still healing, s/he is much more likely to have another concussion. Repeat concussions can increase the time it takes to recover. In rare cases, repeat concussions in young athletes can result in brain swelling or permanent damage to their brain. They can even be fatal.

WHAT SHOULD YOU DO IF YOU THINK YOUR ATHLETE HAS A CONCUSSION?

If you suspect that an athlete has a concussion, remove the athlete from play and seek medical attention. Do not try to judge the severity of the injury yourself. Keep the athlete out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom-free and it's OK to return to play.

Rest is key to helping an athlete recover from a concussion. Exercising or activities that involve a lot of concentration, such as studying, working on the computer, or playing video games, may cause concussion symptoms to reappear or get worse. After a concussion, returning to sports and school is a gradual process that should be carefully managed and monitored by a health care professional.

Remember

Concussions affect people differently. While most athletes with a concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer.

For more information on concussions, visit: www.cdc.gov/Concussion

McNEESE STATE UNIVERSITY
RELEASE FORM

CONSENT, WAIVER, RELEASE AGREEMENT

I, the undersigned parent and/or legal guardian of _____, allow my child to participate in the activities of McNeese State University and/or___*Spartan Swimming LLC*_____, including but not limited to on campus events and scheduled off campus events. I do hereby release and discharge McNeese State University and/or ____Spartan Swimming LLC_____ representatives from any and all damages on account of any injuries or illnesses sustained to or by my child while engaged in such activity at McNeese State University and/or ____Spartan Swimming LLC_____, whether related or not to the activity enumerated above. I understand the risk of injury may be similar to sport types of injuries like heat exhaustion, falls, pedestrian accidents or even death.

This agreement shall constitute a bar of any recovery by the undersigned individually or brought for and on behalf of the child, and said agreement may be urged and used by McNeese State University as a bar to any recovery by the undersigned or by the child in any suit or claim instituted on account of any injury or illness sustained by my child while engaged in the activities of McNeese State University.

HOLD HARMLESS AND INDEMNIFICATION AGREEMENT

I, the undersigned, release and discharge McNeese State University and/or _*Spartan Swimming LLC*_____ representatives from any and all liability from any and all claims or damages from any accident or illness sustained to or by my child while engaged in the activities of McNeese State University and/or _*Spartan Swimming LLC*_. I agree to hold harmless and indemnify McNeese State University and or _Spartan Swimming LLC_____ representatives against any loss, damages or cost of whatsoever nature including expenditure of attorney's fees which may be suffered as a result of any action, claim or demand by my child or my child's heirs, by me, my heirs, successors, or assigns, or by any other person on his/her own behalf or for the benefit of the child.

MEDICAL RELEASE FORM AND INDEMNITY AGREEMENT

I, _____parent or guardian of _____, hereby acknowledge that as a part of the activities of my child_____, attending _*Spartan Swimming LLC*_____, that there is the possibility my child may need to receive medical attention due to injury or accident I understand that McNeese State University and/or ___*Spartan Swimming LLC*_____, or its representatives will make a reasonable effort to contact me in the event of injury or accident to my child based on the circumstances. In the event that McNeese State University and/or __*Spartan Swimming LLC*_____, or their representatives are not able to contact me, or if the need for medical care appears to be immediate, then I instruct and authorize McNeese State University and/or _Spartan Swimming LLC_____ representatives to consent to and authorize reasonable and necessary medical treatment for my child. I further agree to release McNeese State University and/or __*Spartan Swimming LLC*___ and their representatives from any liability for their efforts to secure reasonable and necessary medical treatment for my child as stated above.

I, the undersigned parent or legal guardian shall assume full responsibility for all medical bills, including doctor and/or hospital bills incurred by my child that are not covered by the _Spartan Swimming LLC_____ accident policy. I further agree to reimburse McNeese State University and/or__*Spartan Swimming LLC*_____ and their representatives who may incur expenses in the treatment of an accident or illness of my child.

By signing these agreements, I acknowledge that I have read and understand this document and do hereby agree to its terms and conditions.

_____/Date_____ / _____

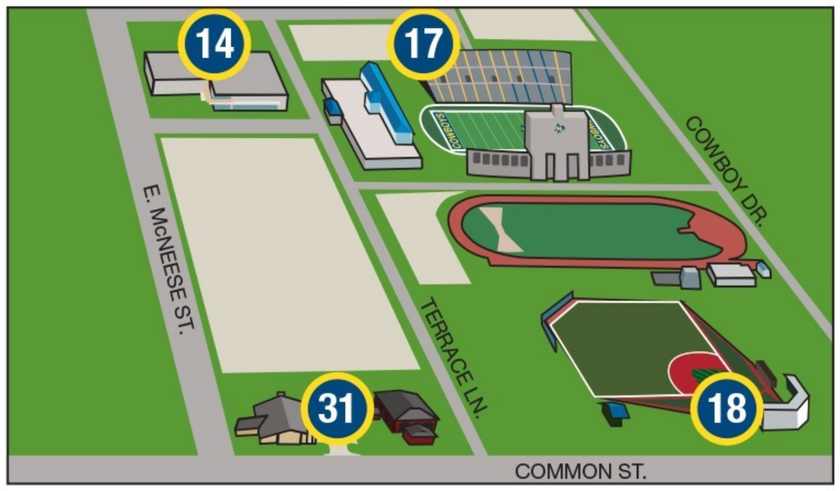
Signed Parent (guardian) Printed Name

Spartan Swimming
Parking Pass Request Form

First Name	Last Name	Phone	License Plate	Description of vehicle Make, Model, Color

Date _____

McNEESE STATE UNIVERSITY



1. Burton Business Center
2. Burton Hall
3. Chozen Hall / Student Central
4. Collette Hall
5. Drew Hall
6. F.G. Bulber Auditorium
7. Facilities Planning and Management Complex
8. Farrar Hall
9. Frasch Hall
10. Frazar Memorial Library
11. Gayle Hall
12. H.C. Drew Center
13. Hardtner Hall
14. Health and Human Performance Center
15. Hodges Street Field House
16. Holbrook Student Union/Student Union Complex
17. Jack V. Doland Athletics Complex
18. Joe Miller Ballpark
19. John McNeese Park
20. Kaufman Hall
21. KBYS 88.3 FM
22. Kirkman Hall
23. Memorial Gymnasium
24. Parking Garage
25. President's Home
26. Quad
27. Sallier/Bel Gardens
28. SEED Center
29. Shearman Fine Arts Center
30. Smith Hall
31. Stream Alumni Center
32. Student Housing and Residence Life/King, Watkins and Zigler Halls
33. Student Union Annex
34. University Bookstore
35. University Police
36. University Services/ Student Union Complex
37. Ward Memorial Arena/ Recreation Complex
38. Watkins Infirmary
39. West Annex