



NEW SWIMMER REGISTRATION

Swimmer's Information

--	--	--

Last Name

First Name

M.I.

	M F	RB RD W BI Br S G	YS YM YL AS AM AL AXL
--	-----	-------------------	-----------------------

D.O.B.

Gender

Training Level

T-Shirt Size

Additional comments regarding medical history/conditions that may affect swimming or medical treatment:
(medication, allergies, knee problems, asthma, drug reactions, etc.)

--

As a representative of Capital City Swim Club (CAPS), Ohio Swimming LSC, and USA Swimming, I agree to abide by the standards of conduct outlined below.

1. **I understand** the possession or use of alcohol, tobacco products or controlled substances by any athlete is prohibited.
2. **I will** display proper respect to my coaches, parents, officials, and peers.
3. **I will** demonstrate high moral standards, exemplary social conduct, and good sportsmanship.
4. **I will** refrain from any illegal or inappropriate behavior that would detract from a positive image of CAPS, Ohio Swimming LSC, USA Swimming, or interfere with CAPS's performance objectives.

I will be a positive team member:

1. **I will** work hard, encourage others, and support my teammates.
2. **I will** be punctual to team practices, meetings and warm-ups.
3. **I understand** the transition time from stretches to swimming should be limited to 5 minutes.
4. **I will not** disturb other swimmer's practice, and will talk respectfully to everyone.
5. **I will** look, listen, and watch the coaches while they are giving instructions.
6. **I will not** talk back to a coach, lifeguard, parent, or official.
7. **I will** offer congratulations to opponents, and cheer for fellow teammates.
8. **I agree** to abide by the rules and guidelines as set forth by the coaches, USA Swimming, and the JCC.

While attending out-of-town meets:

1. **I understand** that no loud or boisterous behavior will be tolerated in the hallways or public areas of a hotel, and such behavior should be kept to a minimum in my room.
2. **I agree** no male and female athletes will be in the same room together unless a coach, parent, or chaperone is in the room or has approved the situation.
3. **I understand** that any display of romantic affection is not allowed.
4. **I agree** to follow any additional guidelines that may be established as needed by the coach of record.

My signature constitutes unconditional agreement to comply with the Capital City Swim Club's Code of Conduct and failure to comply may result in disciplinary action (ie: dismissal from practices, meets, and/or team at coaches' discretion.)

I agree to have fun and swim fast!

Signature of Swimmer: X

Parents' Information

Father or Guardian		Mother or Guardian
	Name	
	Address	
	City, Zip	
	Home Phone	
	Cell Phone	
	Work Phone	
	Email Address	

If parents are unavailable, please contact the person designated below:

Contact	Relationship	Phone

Family Doctor	Phone

Insurance Company	Policy #	Phone

MEDICAL RELEASE 2016 Spring Season

Because participation on Capital City Swim Club involves physical activity with risk of personal injury or damage to property, it is the policy of CAPS and the JCC to require participants to execute this Release Form.

I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, MY CHILD(REN) IS/ARE IN GOOD HEALTH AND HAS NO CONDITION WHICH WOULD IMPAIR PARTICIPATION IN THE CAPITAL CITY SWIM PROGRAM. I HEREBY GIVE CONSENT FOR MY CHILD/CHILDREN TO ENGAGE IN ANY AND ALL TRAINING SESSIONS WITH CCSC, WHICH IS OWNED AND OPERATED BY THE JEWISH COMMUNITY CENTER (JCC), COLUMBUS, OHIO. IN CASE OF INJURY, I HEREBY GIVE CAPS, ITS COACHING STAFF, THE JCC AND ITS STAFF PERMISSION TO ACT ON MY BEHALF IN SEEKING MEDICAL TREATMENT FROM ANY LICENSED DENTIST, PHYSICIAN, HOSPITAL OR CLINIC FOR MY CHILD IN THE EVENT SUCH TREATMENT IS DEEMED NECESSARY. I GIVE PERMISSION TO THOSE ADMINISTERING MEDICAL TREATMENT TO DO SO USING METHODS DEEMED NECESSARY. I HEREBY FOREVER RELEASE AND HOLD HARMLESS THE AFOREMENTIONED PARTIES FROM ANY AND ALL CLAIMS OF ANY KIND THAT I OR MY HEIRS, EXECUTORS, ADMINISTRATORS, OR ASSIGNS MAY HAVE OR CLAIM TO HAVE RESULTING IN ANY WAY FROM MY CHILD'S PARTICIPATION IN THE SWIM PROGRAM.

I do hereby also agree to acquire - prior to participation in this activity and maintain in force during the period in which the participant will be engaged in this activity - a policy of health and accident insurance covering hospitalization and treatment for any injuries sustained as a result of such activity. Such insurance shall be through an insurance company authorized and licensed to do business within the State of Ohio and shall provide coverage sufficient for the risks presented by this activity.

Concussion Information for Youth Sports: I have read the Ohio Dept. of Health's Concussion Information Sheet for youth sports sheet (www.healthyohioprogram.org/concussion) and understand that I have a responsibility to report my child's symptoms to coaches, administrators, and health care providers. I also understand that my child(ren) must have no symptoms before return to play can occur.

Signature of Parent or Guardian: X	Date:
Signature of Athlete (if over 18): X	Date:

PARENT/GUARDIAN AGREEMENT

The essential elements of character-building and ethics in sports are embodied in the concept of sportsmanship and six core principles: trustworthiness, respect, responsibility, fairness, caring, and good citizenship. The highest potential of sports is achieved when competition reflects these "six pillars of character."

I therefore agree:

1. I will not force my child to participate in sports.
2. I will remember that children participate to have fun and that the game is for youth, not adults.
3. I will inform the coach of any physical disability or ailment that may affect the safety of the team.
4. I will learn the rules of the game and the policies of the league.
5. I (and my guests) will be a positive role model for my child and encourage sportsmanship by showing respect and courtesy, and by demonstrating positive support for all players, coaches, officials and spectators at every meet, practice or other sporting event.
6. I (and my guests) will not engage in any kind of unsportsmanlike conduct with any official, coach, player, or parent such as booing and taunting; refusing to shake hands; or using profane language or gestures.
7. I will not encourage any behaviors or practices that would endanger the health and wellbeing of the athletes.
8. I will teach my child to play by the rules and to resolve conflicts without resorting to hostility.
9. I will demand that my child treat other players, coaches, officials and spectators with respect regardless of race, creed, color, sex or ability.
10. I will teach my child that doing one's best is more important than winning, so that my child will never feel defeated by the outcome of a game or his/her performance.
11. I will praise my child for competing fairly and trying hard.
12. I will never ridicule or yell at my child or other participant for making a mistake or losing a competition.
13. I will emphasize skill development and practices and how they benefit my child over winning.
14. I will promote the emotional and physical well-being of the athletes ahead of any personal desire I may have for my child to win.
15. I will respect the officials and their authority during games and will never question, discuss, or confront coaches at the pool, and will take time to speak with coaches at an agreed upon time.
16. I will demand a sports environment for my child that is free from drugs, tobacco, and alcohol and I will refrain from their use at all sports events.
17. I will refrain from coaching my child or other players during games and practices, unless I am one of the official coaches of the team. I also agree that if I fail to abide by the aforementioned rules and guidelines, I may be subject to disciplinary action that could include, but is not limited to the following: verbal warnings, written warnings, practice and/or meet suspensions
18. I understand that learning to compete and cooperate in a competitive world is an essential lesson in life. I will use this perspective to help make competition a positive process for my athlete.

X

Parent Signature

Date

REGISTRATION FEES

SPRING 2016 SEASON		
Level	Swimmer 1	Season
Rainbow	\$100	March 28th - May 31st
Red	\$180	March 28th - May 31st
White/Blue	\$225	March 28th - May 31st
Bronze*	\$275	March 28th - May 31st
Gold/Silver*	\$375	March 28th - May 31st

SUMMER 2016 SEASON = TBA

Payment Options:

- Payment in full via cash, credit, or check*
- Electronic Funds Transfer (EFT) from savings or checking account**
- Monthly drafts of credit credit card (VISA, MC, or American Express)***
(Payments will be withdrawn for the months of April and May)

*All checks should be made payable to 'JCC' and submitted with this form at the time of registration.

**EFT (Attach Voided Check or Deposit Slip): Bank Routing Number: _____ Account Number: _____

***MC / Visa / American Express (Circle appropriate card): You are responsible for having current information on file with the JCC.

Card Number: _____ Expiration Date: _____ Security Code: _____

Name as it appears on card: _____

I hereby authorize the JCC to use the above banking information to withdraw funds for program fees between the 1st and 10th of the above selected payment option. I also understand that I am responsible for the total amount due even if my child or children withdraw from the program early. An additional \$30 processing charge may be applied if payment is denied or late. I WILL ensure that all payments due either CAPS or the Jewish Community Center (JCC) are made by established deadlines so the team is able to meet its obligations relating to coaching salaries, pool rental, meet entries, and other financial commitments. I understand that a positive balance must be kept in my child's entry fee account in order for them to be entered in swim meets. I UNDERSTAND that I am financially responsible for payment of all fees due CAPS or the JCC even if my child or children withdraw from the program early. I UNDERSTAND that failure to abide by any of the items listed above may result in my child(ren)'s immediate suspension from the CAPS, at its sole discretion. I also understand that if my child(ren) is suspended, I am not entitled to any financial reimbursement of my registrations and/or training fees for the season.

x			
Printed Name of Parent or Guardian	Signature of Parent or Guardian	Date	Cell Phone Number

CAPITAL CITY SPRING SCHEDULE

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday
<p>Silver & Bronze 1:00-3:00 <i>Dryland After</i></p> <p>White/Blue: 3:00-4:15</p> <p>Red: 4:15-5:15</p>	<p>Silver 4:15-6:15</p>	<p>Silver & Bronze 6:30-8:30 p.m.</p> <p>Red: 5:00 – 5:45</p> <p>Rainbow: 5:45-6:30</p>	<p>Silver & Bronze 4:15-6:15 <i>Dryland After</i></p> <p>White/Blue: 6:15 – 7:30</p>	<p>Silver 6:30 – 8:30</p> <p>White/Blue 4:15-5:30</p>	<p>Silver & Bronze 5:30-7:30 <i>Dryland Before</i></p> <p>White/Blue: 5:30-6:45</p> <p>Red: 5:30-6:30</p>

Arrive approx. 15 minutes early to allow time for changing, stretching, etc.
Practice times may be adjusted for holidays, weather, meets, group numbers, etc.