

HANDBOOK AGREEMENT AND GOALS SHEET

My swimmer _____ and I _____
have read the entire hand book – We understand the expectations that have been set for
both families and swimmers and will abide by them.

Swimmer Signature

**Parent/Guardian
Signature**

Please turn this form in to your coach by the second day of regular practice.

List two goals that your swimmer wants to accomplish during the season:

1.

2.

WASHINGTON WATER SHARKS SWIMMER/PARENT CODE OF CONDUCT

As a member of the Washington Water Sharks Swim Team, I am part of a swimming organization that believes in teamwork, integrity, respect and good sportsmanship above all else. By reading and signing this Code of Conduct, I agree to follow the rules and guidelines for behavior and sportsmanship while I am a member of this team and a representative of this organization.

I agree that I will:

- Show respect and common courtesies at all times to the team members, coaches, competitors, officials and parents as well as for all facilities and other property used during practices, competitions and team activities.
- Demonstrate and promote good sportsmanship, positive team spirit, and the YMCA mission during all practices, competitions, and team activities.
- Refrain from foul language, violence, and behaviors deemed dishonest, discourteous, disrespectful, or offensive to others.
- Respect and obey all coaches' and officials' instructions, and do so in a prompt, attentive manner. **Any complaints/concerns will be dealt with coaches privately, not on deck or at meets.**

I understand that violating the guidelines above will result in the following:

1. A verbal warning.
2. A written warning and parent contact.
3. Parental accompaniment at one or more practices.
4. Suspension from the swim team.

If I continue to have disciplinary problems, I realize the following will occur:

1. A meeting of myself, my parents, my coaches and the YMCA CEO to discuss the issue.
2. Potential team expulsion.

I, _____ (swimmer's name), and _____ (parents name) have read and understand the Washington Water Sharks Swimmer Code of Conduct and have reviewed it with a parent or guardian before I signed this document.

Swimmer Signature

Date

Parent/Guardian Signature

Date

SWIM TEAM REGISTRATION FORM (PLEASE PRINT)
(Please complete a separate form for each swimmer)

Swimmer's Name: _____

Preferred (Nick) Name: _____

Birthdate: _____ (M) _____ (F) _____ School: _____

Shirt Size: YS () YM () YL () YXL () AS () AM () AL () AXL ()

Address: _____

City: _____ State: _____ Zip: _____

Home Phone (if applicable): _____ Swimmer Email (if applicable) _____

Swimmer Mobile Phone* _____ Carrier: _____

*optional; for sms messaging purposes through Team Unify website

Parent/Guardian #1: _____

Mobile Phone: _____ Home Phone: _____

Work Phone: _____ Employer: _____

Parent/Guardian #2: _____

Mobile Phone: _____ Home Phone: _____

Work Phone: _____ Employer: _____

Physician Name: _____ Phone: _____

Insurance Company: _____ Policy #: _____

Optional Medications/Medical Notes: _____

Liability Release:

I understand that the YMCA assumes no responsibility for injuries or illnesses which I or any member of my family may sustain as a result of my physical condition resulting from my participation in any athletic activities, sports programs, the use of any equipment, exercise or any other activities or programs. I acknowledge that I assume the risk for any and all injuries and illnesses which may result from my or my family's participation in these activities. I hereby release and discharge the YMCA, its agents, and employees from any and all claims for injury, illnesses, death, loss or damage, which I or any member of my family may suffer as a result of my or my family's participation in these activities.

_____ Signature (parent/guardian if under 18)

Transportation Release:

I give permission for to the Washington Community Y and/or other swim team parents to transport my child to and from said facilities using the Y bus or personal vehicles for special circumstances due to pool closures.

Parent/Guardian Signature: _____ Date: _____

Picture Release:

I give permission to the YMCA of Washington County to use, without limitation or obligation, photographs, film footage, or tape recordings which may include my or my family's image(s) or voice(s) for purposes of promotion or interpreting YMCA programs.

Parent/Guardian Signature: _____ Date: _____

Enrollment Data:

As a leading nonprofit improving the nation's health, the Y supports all individuals in achieving their health goals. The Y is always striving to learn more about program improvement. To that end, we are requesting your permission to collect enrollment and assessment data. All medical information will be kept confidential.

Parent/Guardian Signature: _____ Date: _____

FOR OFFICE USE ONLY

Date of Y Membership Paid: _____ Bank Draft: Yes or No

Swim Dues Date Paid: _____

Team Unify: _____ E-mail added (Hotmail): _____ E-mail added (Shiver): _____

Team Unify Account Set-Up

Parent/Guardian Name for Team Unify Account*:

(first) _____ (last) _____

Email for Team Unify Account*: _____

Email #2: _____ (name) _____

Email #3: _____ (name) _____

Email #4: _____ (name) _____

Mobile Phone* #1: _____ (name) _____ (carrier) _____

Mobile Phone* #2: _____ (name) _____ (carrier) _____

* you will receive a confirmation email and sms message to set up your account and password; please confirm your accounts so you can receive communications from swim team. Multiple parents/guardians can access the same swimmer accounts.

Swimmer Information:

Swimmer #1: _____

Swimmer #2: _____

Swimmer #3: _____

Swimmer #4: _____