



VASHON SEALS SWIM TEAM
 PO BOX 1824, VASHON WA 98070
 WWW.SWIMVASHON.ORG
 SPLASH@SWIMVASHON.ORG

WINTER QUARTER 2012

(January 3-April 6; No swimming: Jan 16, Feb 20)

New Swimmer Placement Evaluations: Contact lisa@swimvashon.org

**Open Registration @ Vashon Park District Office, Ober Park
 Beginning December 7, 2011. Office is open 8:00am - 4:00pm**

NOTE: Registration forms for the current session will not be accepted until all outstanding fees have been paid.

Practice Time	Training Group (Placement is decided by VSST coaches)	Fees for Winter Quarter
Tues/Thurs 3:55 – 4:55pm	Stroke School: White Swimmers must be at least 6 yrs of age.	Swim fees \$336 Meet fees \$0 Total Fees \$336 USAS registration \$63*
Tues/Thurs 4:55 – 5:55pm	Stroke School: Blue	Swim fees \$336 Meet fees \$22 Total Fees \$358 USAS registration \$63*
Tues/Thurs 3:55 – 5:55pm	Competitive: Bronze	Swim fees \$448 Meet fees \$58 Total Fees \$506 USAS registration \$63*
Mon/Wed/Fri 3:50 – 6:45pm	Competitive: Silver & Gold Includes 30 minutes dryland before practice	Swim fees \$488 Meet fees \$58 Total Fees \$546 USAS registration \$63*
* USAS registration fees are due only for swimmers who have not yet registered for the 2011-2012 swim season, which began in September 2011.		

- § Off-island practices are included in fees.
- § Dryland for Silver and Gold athletes is included in fees.
- § Meet fee deposit will be applied toward actual cost of meet fees, with any additional fees billed at the end of the season.
- § Payment Plans are available at the time of registration.
- § Reduced fees are available for qualifying families. The Vashon Park District's Reduced Fee Program is available to low-income families. Families who qualify for food stamps or the free/reduced fee lunch program may also qualify for a waiver of the USA Swimming registration fee and meet entry vouchers. The Vashon Seals Financial Aid Program is intended to provide some relief for those who do not qualify for the Reduced Fee Program, but who find it a hardship to pay the fees, and who have been on swim team for at least 3 quarters (not necessarily consecutively).
- § Registration must be completed in person, or by the family's representative. Sorry, no fax or drop-box applications.
- § Places are allocated on a 'first-come' basis until each group is full, then applicants will be placed on a waiting list.



VASHON SEALS SWIM TEAM
PO BOX 1824, VASHON WA 98070
WWW.SWIMVASHON.ORG
SPLASH@SWIMVASHON.ORG

2012 MEET & OFF-ISLAND PRACTICE SCHEDULE

Schedule can be subject to change. Please check the website for up to date information

WINTER QUARTER

Date	Event	Venue	Participants
Dec 5-6	TRYOUTS	Vashon Athletic Club	
Dec 7	Registration	Vashon Park District	
Jan 14-15	January Challenge	Mt Tahoma HS	All team
Feb 4	Off-Island Dive Practice	South Kitsap HS	All team
March 17-18	March Madness	OAC	All team
MARCH 31	CROSS SOUND RELAY	SOUTH KITSAP HS	ALL TEAM



VASHON SEALS SWIM TEAM
 PO BOX 1824, VASHON WA 98070
 WWW.SWIMVASHON.ORG
 SPLASH@SWIMVASHON.ORG

CONFIDENTIAL MEDICAL RELEASE FORM

Swimmer Last Name:	Date of Birth:
Swimmer First Name:	Age:
Physical Address:	

Primary Emergency Contact	Secondary Emergency Contact
Name:	Name:
Home Phone:	Home Phone:
Cell Phone:	Cell Phone:
Work Phone:	Work Phone:
Physical Address:	Physical Address:

The Vashon Aquatic Club will make every effort to contact the swimmer's parent in the event of an emergency. However, the following release is necessary:

I, _____, the parent or legal guardian of _____ do hereby give permission for my child to participate in the Vashon Aquatic Club activities, including swim meets. In the event that my child is injured or should require medical attention, I authorize the Vashon Aquatic Club to contact the physician listed below. If necessary, I further authorize a Vashon Aquatic Club representative to secure necessary medical treatment for my child while participating in swim team activities. I further acknowledge that I will be responsible for any resulting medical or hospital fees or costs associated with my child's medical treatment, including transportation costs. I realize that the obtaining of emergency medical treatment by Vashon Aquatic Club in no way renders Vashon Aquatic Club liable for the expense of obtaining such treatment. I release and hold harmless the Vashon Aquatic Club and its coaches, officers and other representatives from any and all liability for any injury that may occur to my child while participating in any approved swim team activity.

Parent's/Guardian's Signature:

Date:

Medical Information	
Doctor:	Phone:
Insurance Company:	Policy/Group#:
Special instructions regarding emergencies:	
Please give details of anything you feel the coach should be aware of:	Chronic Conditions: Symptoms/preventative measures:



VASHON SEALS SWIM TEAM
PO BOX 1824, VASHON WA 98070
WWW.SWIMVASHON.ORG
SPLASH@SWIMVASHON.ORG

VOLUNTEER SIGN-UP WINTER QUARTER 2012

This swim year, we will be assigning every family to a committee for volunteer work. A Board Member will head each committee and will assign tasks within that committee. As a reminder, every family is expected to volunteer at least 6 hours per quarter; families receiving reduced fees are expected to volunteer at least 12 hours per quarter.

We have a small team, with many families who have had children swimming for several years now. It may seem that you have fulfilled your volunteer commitment to the team, but the continued excellence of our program requires everyone to help on a continuing basis. If your child has been swimming awhile and you have not yet been able to volunteer, please make time to do so now. We appreciate the ongoing help from a number of families and look forward to having others help this year.

NOTE: *All families* will be expected to volunteer at the January Challenge Meet, which we will be co-hosting again with Metro Swim Team at Mt. Tahoma HS. This is in addition to any other volunteer work you perform.

If you have questions about any volunteer activities, please call or email Laurie Mitchel (463-6444, lmitchel29@gmail.com).

NAME: _____

Please indicate your first and second choice of committees below. Following registration, you will receive an email indicating which committee you will be on.

_____ **MEETS** (e.g. Jinglebell Meet in December, moving equipment, Cross Sound Relay)

_____ **FUNDRAISING** (e.g. Thriftway receipts, bake sales, Cross Sound Relay)

_____ **COMMUNICATIONS** (e.g. articles in paper)

_____ **PARTIES** (e.g. winter holiday party, food for Cross Sound Relay)

_____ **ON CALL** (e.g. last minute jobs, putting up posters)



VASHON SEALS SWIM TEAM
 PO BOX 1824, VASHON WA 98070
 WWW.SWIMVASHON.ORG
 SPLASH@SWIMVASHON.ORG

2011-12 VSST / USA SWIMMING REGISTRATION

INITIAL THE SESSION YOU ARE REGISTERING FOR:

SHORT: _____ FALL: _____ WINTER: _____ LONG: _____ SPRING: _____ SUMMER: _____

PREVIOUSLY REGISTERED IN 2011-12: _____

Registration Agreement:

Vashon Seals Swim Team expects all members to comply with Club expectations as set out in the team's policy manual. For more details please download the VSST Policy Handbook by visiting the team website: www.swimvashon.org/join/policies.html. If you are unable to access the website, please ask the coach for a copy of the Policy Handbook. We have read the team policies and agree to abide by them:

Parent or Guardian Signature: _____

Parent or Guardian Name: _____ Date: _____

Swimmer(s) Name(s): _____



USA SWIMMING

2012 ATHLETE REGISTRATION APPLICATION

LSC: PACIFIC NORTHWEST SWIMMING (PN)

REG. DATE / OFFICE USE ONLY

PLEASE PRINT LEGIBLY • COMPLETE ALL INFORMATION:

LAST NAME: _____ LEGAL FIRST NAME: _____ MIDDLE NAME: _____

PREFERRED NAME: _____ DATE OF BIRTH (MM/DD/YYYY): _____ SEX (M/F): _____ AGE: _____ CLUB CODE: _____ NAME OF CLUB YOU REPRESENT: _____

FATHER/GUARDIAN LAST NAME: _____ FATHER/GUARDIAN FIRST NAME: _____ FULL-TIME RESIDENT MOTHER/GUARDIAN LAST NAME: _____ MOTHER/GUARDIAN FIRST NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

AREA CODE: _____ TELEPHONE NO.: _____ FAMILY/HOUSEHOLD E-MAIL ADDRESS: _____

U.S. CITIZEN: YES NO

ARE YOU A MEMBER OF ANOTHER FINA FEDERATION? YES NO

IF YES, WHICH FEDERATION: _____

HAVE YOU REPRESENTED THAT FEDERATION AT INTERNATIONAL COMPETITION? YES NO

- DISABILITY:**
- A. Legally blind or visually impaired
 - B. Deaf or hard of hearing
 - C. Physical disability such as amputation, cerebral palsy, dwarfism, spina/bone, stroke, paraplegia
 - D. Cognitive disability such as learning disabilities, autism

- RACE AND ETHNICITY (You may check up to two choices if appropriate)**
- A. White or African American
 - B. Asian
 - C. White
 - D. Hispanic or Latino
 - E. American Indian & Alaska Native
 - F. Spanish Other Race
 - G. Native Hawaiian & Other Pacific Islander

MAKE CHECK PAYABLE TO:

YOUR SWIM CLUB

MAIL APPLICATION & PAYMENT TO:

YOUR SWIM CLUB

REGISTRATION FEE	
USA Swimming Fee	\$48.00
LSC Fee	\$15.00
TOTAL DUE	\$63.00

YEAR LAST REGISTERED: _____ IF YOU REGISTERED WITH A DIFFERENT USA SWIMMING CLUB IN 2011, ENTER THAT CLUB CODE: _____ LSC CODE: _____ AND THE DATE OF YOUR LAST COMPETITION REPRESENTING THAT CLUB: _____

HIGH SCHOOL STUDENTS – Year of high school graduation: _____

SIGN HERE: _____
 SIGNATURE OF ATHLETE, PARENT OR GUARDIAN

USA Swimming and its affiliated member clubs are not liable for any injuries sustained by members. Please refer to USA Swimming's Member Services Dept. at 1-888-888-7777 for more information on our policies.

Check if you would like to learn more about the USA Swimming Financial Aid program.

Check if you would like to receive the electronic USA Swimming Newsletter (available to all 12 years of age and up).