



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

## FALL QUARTER

### VASHON SEALS SWIM TEAM 2009 – SCHEDULE & RATES Fall Session Dates: September 14 – December 22 Vashon Athletic Club Pool

#### New Swimmer Placement Evaluations: Please contact the team

Swimmers should be at the pool in their swimsuits, cap and goggles 10 mins before the start time.

#### Open Registration @ The Park District Office, Ober Park September 1 - 11. Office opens at 8:00am - 4:00pm

Practice Time	Training Group	VSST Membership	USAS Registration
Tues/Thurs: 3:50pm – 5:00pm	<b>Stroke School: White</b> <i>Swimmers must be at least 7 yrs of age and be able to:</i> <ul style="list-style-type: none"> <li>▪ Listen and follow directions without being disruptive</li> <li>▪ Swim 50 yds Freestyle without stopping</li> <li>▪ Swim 50 yds Backstroke without stopping</li> <li>▪ Swim 25 yds Breaststroke</li> <li>▪ Swim 25 yds Dolphin Kick / Butterfly</li> <li>▪ Push off the wall and glide in a streamline position</li> </ul>	\$412.00	\$61.00
Tues/Thurs: 4:50pm – 6:00pm	<b>Stroke School: Blue</b> <i>Placement is decided by VSST coaches</i> <i>Core Stability and Strength Training recommended</i>	\$412.00	\$61.00
Tues/Thurs: 3:50pm – 6:00pm	<b>Competitive: Bronze</b> <i>Placement is decided by VSST coaches</i> <i>Core Stability and Strength Training recommended</i>	\$494.00	\$61.00
Tues/Thurs: 3:45pm – 4:30pm	<b>Core Stability and Strength Training: Blue</b> <i>Training is combined with swim practice on the same day</i>	\$168.00	N/A
Mon/Wed: 4:15pm – 5:00pm	<b>Core Stability and Strength Training: Bronze</b> <i>Training is offered on a separate day to swim practice</i>	\$168.00	N/A

- Meet fees included, except qualifying or invitational meets.
- Payment Plans are available at the time of registration.
- Reduced fees are available for qualifying families.
- Registration to 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.



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## SHORT COURSE SEASON

### VASHON SEALS SWIM TEAM 2009/10 – SCHEDULE & RATES Short Course Season Dates: September 14 – April 2 Vashon Athletic Club Pool

#### New Swimmer Placement Evaluations: Please contact the team

Swimmers should be at the pool in their swimsuits, cap and goggles 10 mins before the start time.

#### Open Registration @ The Park District Office, Ober Park September 1 - 11. Office opens at 8:00am - 4:00pm

Practice Time	Training Group	VSST Membership	USAS Registration
Tues/Thurs: 4:50pm – 6:00pm	<b>Stroke School: Blue</b> <i>Placement is decided by VSST coaches</i> <i>Core Stability and Strength Training recommended</i>	\$814.00	\$61.00
Tues/Thurs: 3:50pm – 6:00pm	<b>Competitive: Bronze</b> <i>Placement is decided by VSST coaches</i> <i>Core Stability and Strength Training recommended</i>	\$997.00	\$61.00
Mon/Wed/Fri: 4:20pm – 6:30pm	<b>Competitive: Silver / Gold</b> <i>Placement is decided by VSST coaches</i> <i>Core Stability and Strength Training recommended</i>	\$1105.00	\$61.00
Tues/Thurs: 3:45pm – 4:30pm	<b>Core Stability and Strength Training: Blue</b> <i>Training is combined with swim practice on the same day</i>	\$324.00	N/A
Mon/Wed: 4:15pm – 5:00pm	<b>Core Stability and Strength Training: Bronze</b> <i>Training is offered on a separate day to swim practice</i>	\$324.00	N/A
Mon/Wed/Friday: 3:30pm – 4:15pm	<b>Core Stability and Strength Training: Silver/Gold A</b> <i>Training is combined with swim practice on the same day</i>	\$486.00	N/A
Tues/Thurs: 4:30pm – 5:15pm	<b>Core Stability and Strength Training: Silver/Gold B</b> <i>Training is offered on a separate day to swim practice</i>	\$324.00	N/A

- Meet fees included, except qualifying or invitational meets.
- Payment Plans are available at the time of registration.
- Reduced fees are available for qualifying families.
- Registration to be completed in person, or by the family's representative.
- Sorry, no fax or drop-box applications.
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## 2009 SEALS SWIM TEAM REGISTRATION FORM

First Name:	Middle Name:
Last Name:	Preferred Name:
<b>Swim Placement:</b>	<b>Dryland Placement:</b>
Date of Birth:	Age: <span style="float: right;">M / F:</span>
Home Phone:	Cell Phone:
Mailing Address:	
Primary Family Email Address:	

### Primary Parent/Guardian Contact

Full Name:		
Home Phone:	Work Phone:	Cell Phone:
Email (if different):		
Mailing Address(if different):		

### Payment Information

Please make checks payable to VASHON PARK DISTRICT
I would like to make a donation to Vashon Park District's Reduced Fee Fund. Amount: _____ Thank you!
<b>Refund Policy:</b> Refunds will be issued only if requested no fewer than 7 business days prior to program start date, and all refunds will be assessed a \$25 VPD processing fee. There will be no refunds once a student is accepted into the Program, except in the event of a documented medical reason or a significant family emergency. All refunds will be assessed the \$61.00 USAS membership fee PLUS the \$25 VPD processing fee, for a nonrefundable total of \$86.00
<b>Reduced Fees:</b> Reduced Fees are available for qualifying families upon completion of an application in the VPD Office. Proof of total household income is required with each application. Check here if you have applied for reduced fee: _____
<b>Disclaimer:</b> In consideration of the Vashon Island Park District allowing my participation in this class, I hereby consent to such participation, acknowledging the risks involved and assuming all such risks. I agree to release, indemnify and hold the Vashon Park District, their commissioners, coaches, instructors, volunteers, organizers, agents and employees, harmless from and against any and all claims, actions, suits, losses, liability, costs, expenses, and damages of any nature whatsoever, including costs and attorneys fees in defense thereof, for injuries, sickness, or death, which are caused by, or arise out of my participation in any portion of the program or any activity incidental thereto, provided, that nothing herein requires me to release, indemnify or defend for injuries, sickness or death caused by or arising out of the sole negligence of the Vashon Park District, their commissioners, employees or agents.
Signature: _____ (Parent or guardian signature)      Date _____
Please print Parent or Guardian name legibly: _____



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## 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:



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## REGISTRATION AGREEMENT

### **Vashon Park District Refund Policy:**

Refunds will be issued only if requested no fewer than 7 business days prior to program start date, and all refunds will be assessed a \$25 VPD processing fee. There will be no refunds once a student is accepted into the Program, except in the event of a documented medical reason or a significant family emergency. All refunds will be assessed the \$61.00 USAS membership fee PLUS the \$25 VPD processing fee, for a nonrefundable total of \$86.00

### **Volunteer Policy:**

Volunteer involvement is crucial to the success of the Vashon Seals Swim Team, and parents play key support roles. Volunteers are needed to help with swim meets, coordinate social events and organize fundraising. By joining the Vashon Seals Swim Team, families commit to volunteering a minimum of 10 hours per quarter to help with Club activities.

### **Grievance Procedure:**

VSST recognizes that issues arise in a club that need to be addressed in a professional and positive manner. To achieve this, VSST has set in place a three-stage process:

- **Verbal Discussion:** Often a matter can be resolved by direct communication. Parents are encouraged to contact the Head Coach or a VSST board member, for an informal initiation of discussion. Many concerns can be swiftly addressed before an issue arises.
- **Board Discussion:** If, after verbal discussion, a situation remains unresolved, the issue may be formally documented and addressed by the VSST board. Every effort will be made at this stage to find a mutually agreeable solution.
- **Written Resignation:** In the unlikely event that a solution cannot be found, a swimmer may submit his/her written resignation, giving 30 days notice that s/he will be leaving the club. We truly see this as a last resort, and will endeavor to work with a family as much as is reasonable in dealing with any requests for a refund.

### **Permission to Photograph:**

Swimmers may be photographed or videotaped in VSST activities. Such photographs/videos may be used by the club for publicity or educational purposes. I hereby give my permission to the VSST to use my picture and/or name in publicity for the club in marketing materials and newspaper articles, and on the club website without identifying me by my full name.

- **I hereby give my permission to the Vashon Aquatic Club to use my picture as stated above: YES / NO**

### **Privacy Policy:**

VSST respects and protects the privacy of our members. The VSST does not share, rent, or sell personal information to third parties. Our email lists and team rosters are to be used for VSST business purposes only, and may not be used for any other purpose without explicit written permission.

I have read the above policies and agree to adhere to them and to be bound by them.

**Parent/Guardian Signature:**

**Date:**

**Print Name:**

**Swimmer's Name:**



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## VSST MEET CALENDAR: 2009/10

\* **All-team Meet** - Stroke School and Competitive Squad expected to attend.

† Qualification times required.

Date	Event	Host	Venue
Sept 18	<b>Parent Orientation*</b>	<b>VSST</b>	<b>McMurray Middle School</b>
Oct 3	<b>Off Island Practice*</b>	<b>VSST</b>	<b>South Kitsap High School</b>
Oct 17-18	<b>October Challenge*</b>	<b>Metro Swim Team</b>	<b>Mt Tahoma High School</b>
Nov 7	<b>Honu Gathering*</b>	<b>Ohana Swim Team</b>	<b>Mt Tahoma High School</b>
Nov 15	Q Meet †	Poseidon Aquatic Club	WKCAC
Nov 21-22	Age Group Invite †	Tacoma Swim Club	Mt Tahoma High School
Dec 5-6	Divisional Champs †	OAC	Olympic Aquatic Center
Jan 16-17	<b>January Challenge*</b>	<b>Metro &amp; VSST</b>	<b>Foss High School</b>
Jan 23	<b>Off Island Practice*</b>	<b>Vashon Seals Swim Team</b>	<b>South Kitsap High School</b>
Feb 6-7	<b>February Challenge*</b>	<b>Tacoma Swim Club</b>	<b>Mt. Tahoma High School</b>
Feb 26-28	Age Group Invite †	Evergreen Swim Club	Evergreen State College
Mar 6-7	March Madness*	Olympic Aquatic Club	Olympic Aquatic Center
Mar 20	<b>Cross Sound Relay*</b>	<b>VSST</b>	<b>South Kitsap High School</b>
Mar 27-28	SC Champs †	WhiteWater Aquatics	WKCAC
Apr 17-18	<b>April Showers*</b>	<b>Puget Sound Swim Club</b>	<b>South Kitsap High School</b>
Apr 24-25	Long Course Kickoff†	SSCD	WKCAC
May 15-16	<b>Port Orchard Classic*</b>	<b>Puget Sound Swim Club</b>	<b>South Kitsap High School</b>
Jun 26-27	Titlow Classic †	Tacoma Swim Club	Titlow Pool
July 24-25	<b>Summer Grand Challenge*</b>	<b>Tacoma Swim Club</b>	<b>WKCAC</b>
July 29-Aug 1	PNS LC Champs †	WEST	WKCAC

\* **All-team meet fees are included in your Swim Team membership.**

† Qualifying meet fees will be collected three weeks prior to the event.

Please pencil these events and dates into your family calendars ASAP.



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# USA SWIMMING REGISTRATION

Membership to USA Swimming, and our Local Swim Committee, Pacific Northwest Swimming USA ensures swimmers are eligible to compete in any USA Swimming sanctioned event they qualify for.

USA Swimming's policy for membership protection is:

- To provide safety education for its membership;
- To provide excess accident medical protection for USA Swimming members who may suffer injuries while participating in insured activities;
- To provide evidence of financial responsibility so that USA Swimming clubs can conduct insured
- More information is available at [www.usaswimming.org](http://www.usaswimming.org) or [www.pns.org](http://www.pns.org)

Athletes will receive a USA Swimming card, which may need to be presented at a meet as proof of membership.



**USA SWIMMING**

**2010 ATHLETE REGISTRATION APPLICATION  
 LSC: PACIFIC NORTHWEST SWIMMING**

REG. DATE / OFFICE USE ONLY

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PLEASE PRINT LEGIBLY • COMPLETE ALL INFORMATION:

LAST NAME	LEGAL FIRST NAME	MIDDLE NAME

PREFERRED NAME	DATE OF BIRTH (MO./DAY/YR.)	SEX (M/F)	AGE	CLUB CODE	NAME OF CLUB YOU REPRESENT

FATHER/GUARDIAN LAST NAME	FATHER/GUARDIAN FIRST NAME	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

- DISABILITY:**
- A. Legally Blind or Visually Impaired
  - B. Deaf or Hard of Hearing
  - C. Physical Disability such as amputation, cerebral palsy, dwarfism, spinal injury, mobility impairment
  - D. Cognitive Disability such as mental retardation, severe learning disorder, autism

- RACE AND ETHNICITY** (You may make up to two choices if appropriate):
- Q. Black or African American
  - R. Asian
  - S. White
  - T. Hispanic or Latino
  - U. American Indian & Alaska Native
  - V. Some Other Race
  - W. Native Hawaiian & Other Pacific Islander

**MAKE CHECK PAYABLE TO:**  
**VASHON PARK DISTRICT**  
**MAIL APPLICATION & PAYMENT TO:**

IF YES, WHICH FEDERATION: \_\_\_\_\_

REGISTRATION FEE	
USA Swimming Fee	\$46.00
LSC Fee	15.00
<b>TOTAL DUE</b>	<b>\$61.00</b>

YEAR LAST REGISTERED: \_\_\_\_\_. IF YOU REGISTERED WITH A DIFFERENT USA SWIMMING CLUB IN 2009, ENTER THAT CLUB CODE: \_\_\_\_\_ LSC CODE: \_\_\_\_\_ AND THE DATE OF YOUR LAST COMPETITION REPRESENTING THAT CLUB: \_\_\_\_\_

**SIGN**  
 HERE x \_\_\_\_\_  
**SIGNATURE OF ATHLETE, PARENT OR GUARDIAN**

USA Swimming occasionally makes its membership list available to its marketing partners. Please notify USA Swimming's Member Services Dept. at 719/866-4578 if you do not wish to receive these mailings.

- Check if you would like to learn more about USA Swimming's community initiatives
- Check if you would like to receive the electronic USA Swimming Newsletter (must be 13 years of age or older)