



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

## SUMMER QUARTER

### VASHON SEALS SWIM TEAM 2010 – SCHEDULE & RATES

Summer Quarter Dates: June 14 – August 14

New Swimmer Placement Evaluations: Call (206) 249-3036 to set up a time.  
 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**  
**June 7<sup>th</sup> – June 30<sup>th</sup> Office opens at 8:00am - 4:00pm**

Practice Time	Training Group Vashon Community Pool	SEALS Membership	USAS Insurance*
Tues/Thurs: 8:00am – 9:00am	<b>White: Introduction to Competitive</b> <i>Swimmers must be at least 6 yrs of age and be able to:</i> <ul style="list-style-type: none"> <li>▪ Listen and follow directions without being disruptive</li> <li>▪ Be comfortable in the water</li> <li>▪ Be able to jump in and get to the side</li> <li>▪ Be able to blow bubbles underwater</li> <li>▪ 'Swim' 10 yds any style</li> </ul>	\$195	\$33.50
Mon/Wed/Fri: 8:00am – 9:00am	<b>Blue: Stroke School</b> <b>8-10 years*</b>	\$295	\$33.50
Mon-Fri 7:00am – 9:00am	<b>Bronze, Silver and Gold: Competitive</b> <b>10 &amp; Over*</b>	\$495	\$33.50
Mon/Wed/Fri: 7:00am – 8:00am	<b>Masters (Endurance) with LuAnn Branch</b> <b>Starts June 21st</b>	\$265	\$33.50
Tues/Thurs 7:00am – 8:00am	<b>Adult Novice with Lisa MacLeod</b> <b>Starts June 22nd</b>	\$195	\$33.50
Mon/Wed/Fri: 9:30am – 10:30am	<b>Dryland Core Stability &amp; Strength Training</b> <b>Starts June 23rd</b>	\$120	\$33.50

\* New swimmers only.

*Level placement for new swimmers is decided by Head Coach*

- Core Stability and Strength Training recommended for all swimmers
- Meet fee for Summer Grand Challenge (July 26-27) included.
- Payment Plans are available at registration.
- Registration to be completed in person, or by the family's representative.
- No fax or drop-box applications.
- Places allocated on a 'first-come' basis, then applicants will be placed on a waiting list.





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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

Copies of all policies are available on-line at [www.swimvashon.org/join/policies.html](http://www.swimvashon.org/join/policies.html)

### **Meet Policy / Code of Conduct / Disciplinary Policy / Drug & Alcohol Policy:**

The Vashon Seals Swim Team is established to promote the sport of swimming, and in the process, help to develop the character of the individual swimmers. For the orderly operation of the team, certain rules, regulations, and procedures have been established. In joining the team athletes agree to abide by these policies. Please read the full documentation online at [www.swimvashon.org/join/policies.html](http://www.swimvashon.org/join/policies.html).

### **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 \$33.50 USAS membership fee PLUS the \$25 VPD processing fee, for a nonrefundable total of \$58.50

### **Grievance Procedure:**

The Vashon Seals Swim Team recognizes that issues arise in a club that need to be addressed in a professional and positive manner. To achieve this, the board has set in place a three-stage process:

- Verbal Discussion
- Board Discussion
- Written Resignation

Please read the full documentation online at [www.swimvashon.org/join/policies.html](http://www.swimvashon.org/join/policies.html).

### **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 6 hours per quarter to help with club activities.

### **Privacy Policy:**

The SEALS respect and protect the privacy of its members. The team does not share, rent, or sell personal information to third parties. In joining the team athletes and their families agree that email lists and team rosters are to be used for swim team business purposes only, and may not be used for any other purpose without explicit written permission.

### **Photography Policy:**

Swimmers may be photographed or videotaped in SEALS activities. Such photographs/videos may be used by the club for publicity or educational purposes. In joining the team athletes give their permission for the SEALS to use a swimmer's picture and/or name in publicity for the club in marketing materials and newspaper articles, and on the club website.

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

Parent Signature:

Print Name:

Swimmer's Name:

Date:



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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 practices and events;
- 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 SEASONAL ATHLETE REGISTRATION APPLICATION

**LSC: PACIFIC NORTHWEST SWIMMING**

CHECK APPROPRIATE SEASONAL PERIOD:

SEASON 1  SEASON 2  INDIVIDUAL SEASON

REG. DATE / OFFICE USE ONLY

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*THIS MEMBERSHIP IS ONLY FOR MEETS BELOW ZONE, SECTIONAL AND NATIONAL LEVELS.*

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? <input type="checkbox"/> YES <input type="checkbox"/> 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:**

**YOUR SWIM CLUB**

**MAIL APPLICATION & PAYMENT TO:**

ARE YOU A MEMBER OF ANOTHER FINA FEDERATION?  YES  NO

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

REGISTRATION FEE	
USA Swimming Fee	\$26.00
LSC Fee	7.50
<b>TOTAL DUE</b>	<b>\$33.50</b>

YEAR LAST REGISTERED: \_\_\_\_\_

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*)