

Nebraska Aquatics

Swimmer Registration Form

Welcome to Nebraska Aquatics! Before a new member can participate in any Nebraska Aquatics (NA) activities, all the required registration forms must be submitted and required fees need to be paid. If you have any questions, please email swimnebraskaaquatics@gmail.com.

Registration Instructions:

1. Please read all the information on pages 1 and 2. Keep these pages for future reference.
2. Then complete all the attached forms:
 - Nebraska Aquatics Registration Form (page 3)
 - Authorization/Consent for Medical Treatment (page 4)
 - Code of Conduct (page 5)
3. Write a check payable to Nebraska Aquatics for your total fees.

- Please make check payable to Nebraska Aquatics
 - USA swimming registration and fees with take place online
4. Bring your completed and signed forms and payment to practice and give to board member or coach
5. **Previous USA swimmers (registered current or previous year):** Initiate club transfer via your USA Swimming account

NA SWIMMER FEE SCHEDULE

GROUP	FEE	ADDITIONAL INFORMATION
<i>Please check with a coach for the correct group(s) for your swimmer(s):</i>		
Gray	\$55/mo	Nebraska Aquatics is a year-round swim club broken down into monthly payments. Families with more than one swimmer may reduce the monthly fee for each additional swimmer over the first swimmer by \$10.00 per swimmer.
Red	\$65/mo	
Black	\$75/mo	
White	\$85/mo	
USA Swimming membership Fee	\$80/annual	Swimmers must register with https://www.usaswimming.org within 14 days of joining Nebraska Aquatics (a registration link will be sent). They must also maintain an active USA Swimming Membership, renewed yearly, to maintain eligibility
Family Membership Fee September 1, - August 31	\$200/annual	This \$200 annual Fee (per Family) is paid immediately upon joining and due Oct 1 each year for reoccurring swimmers. This fee will be prorated for families joining after Oct 1 st . This fee is nonrefundable.

PAYMENT OF FEES

Monthly fees are due at the beginning of each month; an e-mail notice will be sent about one week prior to the due date. Statements are available on your account at www.NebraskaAquatics.com; click My Account and \$My Invoice/Payment. Direct any questions about your account balance to the billing administrator swimnebraskaaquatics@gmail.com

*Fees past due more than 15 days will be cause for removal of all swimmers in the family from practice and meets until the account is current.

NA requires all members to set up an automatic method of payment prior to the last day of the month after joining the team. You may set up an automated bank draft or add a credit card. There is a 3% transaction fee for all credit card payments.

FAMILY FEE PRORATED RATES

The Family Fee is \$200 per year and will be billed each year on October 1st. Fees will be prorated for families joining the team after October 1st.

MEET FEES

Teams who put on swim meets charge an entry fee to each participating swimmer. Fees vary by meet. NA will pass these charges on to each swimmer. Details about these charges are available on the meet flier. Please ask the billing administrator if you have any questions.

swimnebraskaaquatics@gmail.com

HIGH SCHOOL SWIMMERS

Please let the Swim Team Administrator know if your swimmer is planning to participate in High School Swimming. Applicable fees for High School swimmers include the Family Fee, USA Swimming Fee and Monthly Group Fee excluding December, January and February (NA will still allow swimmers to practice during these months).

MEET ATTENDANCE

Year-round swimmers are required to attend 5 meets a year plus championships (D1's or D2's.) High school swimmers are required to swim 2 meets plus championships (D1's or D2's.) Swim meets are a great way for swimmers to see their progress and for swimmers and families to get to know each other better. At meets, we also welcome and encourage all our NA families to sit together.

FUNDRAISING

NA does not have a fundraising requirement. We will offer a fundraising opportunity in the fall to help you offset your Membership Dues and Fees, if your family wishes to participate.

MW OUTREACH ATHLETE PROGRAM

This program reduces USA Swimming registration fees and MW meet fees for families participating in a free/reduced school lunch program; to register for this, please obtain a letter from your school official verifying you qualify for free/reduced lunches and include the letter with your initial registration form and payment if possible.

PRACTICE BREAKS

During the course of the year, Nebraska Aquatics will take scheduled breaks from practice for the health of the swimmer. Each swimmer's season will come to an end at the conclusion of the Qualifier Meet (D2's) unless a swimmer qualifies for a meet taking place between that meet and the end of the official season. Both the short course and long course seasons offer this Qualifier Meet. Most all seasons end with a 1 or 2 week break scheduled by the coaches. Breaks are part of the Nebraska Aquatics overall yearly calendar and are not subject to any discounted monthly fees.

MEMBERSHIP STATUS CHANGE

Short-Term Absence Request: Members may put their membership on hold for up to 3 calendar months in any membership year (September 1 to August 31) and have their monthly fee waived. All memberships will be re-activated on the date provided or at the conclusion of the 3 calendar months. In order to change your enrolment to a suspended status you must contact the Team Administrator at Nebraska Aquatics via email at swimnebraskaaquatics@gmail.com

Leaving the Team: In order to cancel your membership with Nebraska Aquatics you must contact the Team Administrator at Nebraska Aquatics by email at swimnebraskaaquatics@gmail.com. All fees must be paid in full before NA is able to release your swimmer(s).

VOLUNTEERING

As a nonprofit swim club, Nebraska Aquatics relies on the volunteer hours and support of its families to function. Members of the NA Board contribute countless volunteer hours and while not required, we hope each family will look to volunteer whenever and wherever possible. We need parents to volunteer from time to time at swim meets throughout the year and to help with the swim meet that NA hosts each year. If you are interested in joining the Board or helping in another capacity, please contact the NA president.

NEBRASKA AQUATICS & USA SWIMMING REGISTRATION FORM

[PLEASE PRINT]

BILLING INFORMATION:

E-MAIL ADDRESS you will want to use to log in to your NA online account: _____

Person who is responsible to pay the bill: _____

↑ FIRST NAME

LAST NAME

M.I.

Billing address: _____

↑ STREET / P.O. BOX

CITY

STATE

ZIP

Phone: _____

↑ HOME

WORK or CELL (CELL CARRIER ONLY IF YOU WANT TO RECEIVE TEXT MESSAGES)

ADDITIONAL E-MAIL ADDRESSES FOR RECEIVING MESSAGES POSTED THROUGH THE TEAM WEB SITE:

PARENT/GUARDIAN INFORMATION:

Father/guardian #1:

FIRST NAME: _____

LAST NAME: _____

WORK PHONE: _____

CELL PHONE: _____

Mother/guardian #2:

FIRST NAME: _____

LAST NAME: _____

WORK PHONE: _____

CELL PHONE: _____

INSURANCE/EMERGENCY CONTACT:

INSURANCE CARRIER: _____

CARRIER PHONE: _____

EMERGENCY CONTACT: _____

CONTACT PHONE: _____

Any other notes:

SWIMMER INFORMATION:

PHYSICIAN'S NAME	PHYSICIAN'S OFFICE PHONE NUMBER
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SWIMMER'S LEGAL FIRST NAME	LAST NAME	MIDDLE NAME	PREFERRED NAME	PHONE #	GENDER (M/F)	BIRTHDAY (mm/dd/yyyy)	AGE	YEAR of H.S. GRAD.
#1								
E-MAIL ADDRESS:				U.S. CITIZEN: YES or NO		*FINA FEDERATION MEMBER: YES or NO		
RACE AND ETHNICITY (see bottom of page; make up to two choices if appropriate): <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 *DISABILITY (if applicable): <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D Year Last Registered with USA Swimming: _____ If you registered with a different USA Swimming Club in the previous year, enter that Club Code: _____ LSC Code: _____ and the date of your last competition representing that club: ____/____/____								
#2								
E-MAIL ADDRESS:				U.S. CITIZEN: YES or NO		*FINA FEDERATION MEMBER: YES or NO		
RACE AND ETHNICITY (see bottom of page; make up to two choices if appropriate): <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 *DISABILITY (if applicable): <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D Year Last Registered with USA Swimming: _____ If you registered with a different USA Swimming Club in the previous year, enter that Club Code: __ LSC Code: _____ and the date of your last competition representing that club: ____/____/____								
#3								
E-MAIL ADDRESS:				U.S. CITIZEN: YES or NO		*FINA FEDERATION MEMBER: YES or NO		
RACE AND ETHNICITY (see bottom of page; make up to two choices if appropriate): <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 *DISABILITY (if applicable): <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D Year Last Registered with USA Swimming: _____ If you registered with a different USA Swimming Club in the previous year, enter that Club Code: __ LSC Code: _____ and the date of your last competition representing that club: ____/____/____								

AMOUNT DUE UPON JOINING:

FIRST MONTH'S DUES:

_____ of GRAY Group swimmers @ \$55 each = _____

_____ of RED Group swimmers @ \$65 each = _____

_____ of BLACK Group swimmers @ \$75 each = _____

_____ of WHITE Group swimmers @ \$85 each = _____

MULTIPLE SWIMMER MONTHLY DISCOUNT:

_____ 2 swimmers (subtract \$10)

_____ 3 swimmers (subtract \$20) etc. (\$ _____)

FAMILY MEMBERSHIP FEE

(Due each year)

\$200 (Prorated over 12 months) (\$ _____)

TOTAL DUE WITH REGISTRATION: \$ _____

PLEASE READ AND INITIAL BY EACH STATEMENT BELOW:

- I understand the swimmer fee structure and the policies regarding payment of fees. _____
- I understand the annual NA Family Membership Fee payment structure and refund policy (annually recurring). _____
- I understand that this agreement allows NA to charge my account on a recurring basis for my Family fees (annually), swimmer fees (monthly ongoing), and swim meet fees (monthly as required). I understand that this will occur until I cancel and terminate my agreement with NA. I acknowledge that Family Fees and Swimmer Fees are subject to change with a 30-day written notice from Nebraska Aquatics, and recurring payment amounts may be adjusted on my account accordingly. _____
- I understand 30 days written notice must be provided before leaving the team. _____
- I give permission for the registered swimmers to participate in Nebraska Aquatics activities unless I notify the NA Board in advance and in writing. I certify that the above answers are correct and that the individual(s) named above are eligible in accordance with the rules of USA Swimming. _____
- I give NA permission to put our family/swimmer(s) names, address, e-mails, and phone numbers on a team roster to be shared with NA members only. _____
- I give NA permission to take photographs of my swimmer(s) within the NA swimming environment to be used for NA recruiting, informational materials, and advertising. If I choose to opt out I must fill out the [Google form](#) requesting to do so. _____

NEBRASKA AQUATICS AUTHORIZATION/CONSENT FOR MEDICAL TREATMENT

SWIMMER #1 NAME _____ **AGE** _____ **DOB** _____ Glasses or Contacts

Known allergies _____

Previous hospitalizations, surgeries, injuries or serious illness _____

Medications currently being taken _____

Has any physician ever recommended that there should be any limits placed on participation in competitive sports? _____

SWIMMER #2 NAME _____ **AGE** _____ **DOB** _____ Glasses or Contacts

Known allergies _____

Previous hospitalizations, surgeries, injuries or serious illness _____

Medications currently being taken _____

Has any physician ever recommended that there should be any limits placed on participation in competitive sports? _____

SWIMMER #3 NAME _____ **AGE** _____ **DOB** _____ Glasses or Contacts

Known allergies _____

Previous hospitalizations, surgeries, injuries or serious illness _____

Medications currently being taken _____

Has any physician ever recommended that there should be any limits placed on participation in competitive sports? _____

Please list any other useful information or health concerns for your swimmer(s): _____

The above named child(ren) has/have our permission and consent to travel with NEBRASKA AQUATICS SWIM CLUB coach(es) and/or any official chaperones. We transfer parental responsibility of the above named child(ren) to NEBRASKA AQUATICS coach(es) and/or representatives for the duration of the meet(s) including travel to and from the meets. In the event of illness or injury to said child(ren) while traveling to or from or while participating in any such meet and after an attempt has been made to reach the parents or guardian of the child(ren) informing them of such illness or injury, the NEBRASKA AQUATICS coach(es) and/or designated representative(s) is/are authorized to contract for and to authorize the treatment by a medical doctor for said child(ren) as fully as we could do if present.

In consideration of said child(ren) being permitted to travel with said party and with further consideration of the coach(es) and/or any official chaperones accompanying the team, we do hereby release and agree to hold harmless, unless negligence is involved, the NEBRASKA AQUATICS SWIM CLUB, the coach(es), and official chaperones from any and all claims and liability, costs, and expenses arising out of or resulting from the procurement of medical treatment for said child(ren) as aforementioned. **This release also includes practices and**

Nebraska Aquatics team-sponsored activities in which parents are absent should a medical emergency arise.

Signature of Parent(s) or Guardian(s) _____ Date _____

NEBRASKA AQUATICS SWIM CLUB CODE OF CONDUCT

The purpose of this code is to promote responsibility to put forth the best possible individual, team, and organization image and to support the development of first-class citizens at all times. All NA members participating in practices, meets, and any other type of NA-sponsored event will abide by this code of conduct.

PART I – GENERAL CODE OF CONDUCT RULES

- NA coaches prefer participants wear red/black suits and NA swim caps as designated during competitions.
- All swimmers will participate in all designated championship meets for which they qualify.
- Use of alcoholic beverages is unacceptable at any time during any NA activity or trip. The underage use of alcoholic beverages is unacceptable at any time during the year.
- Smoking is unacceptable at any time during any NA activity or trip. The underage use of tobacco is unacceptable at any time during the year.
- Use of drugs other than those prescribed by your physician is unacceptable at any time during the year.
- Disrespectful, indiscreet, or destructive behavior will not be tolerated. It is the responsibility of each swimmer to make every effort to avoid guilt by association with such activities at any time during the year.
- Curfews at team travel events will be obeyed during Nebraska Aquatics, Midwestern Swimming, or USA Swimming sponsored events and related activities. Extensions will only be granted by the Head Coach(es). Curfew is not enforced if a participant is with his/her parent/guardian.
- Male and female swimmers may not be in each other's room on any team trip unless supervised by a designated club official.
- Remember what you put on social media stays out there. Please, remember that you are a billboard for your school, team, and parents. Let's be the team that others wish they were on.
- All swimmers and their parents/guardians have a responsibility to do their best to ensure that this Code of Conduct is adhered to and to help ensure the safety of all NA participants.

PART II – VIOLATION OF THE CODE OF CONDUCT RULES

At the discretion of the Head Coach(es), any one or all of the following penalties will be applied:

- Swimmer may be scratched from the meet.
- Swimmer may be sent home immediately from practice, meet, or event at his/her own expense.
- Swimmer may be suspended from the team until the swimmer and parents/guardians have had a conference with the Head Coach(es) and appropriate disciplinary actions have been implemented.
This is automatic with violations of Rules 3, 4, 5 and/or 6 in the General Code of Conduct above.
- Violation of General Code of Conduct Rules 3, 4, 5, 6, 7, and/or 8 on team trips will result in the swimmer being suspended from ALL team trips for the remainder of the swim year and/or a specific period determined by the Head Coach(es).
- Swimmer will be held responsible to pay any damages or make any type of suitable compensation for applicable actions.

I agree to abide by the General Code of Conduct as set forth in Part I above and also acknowledge that I will be subject to disciplinary action and possible suspension as set forth in Part II should I violate any provision in Part I.

Signature of Swimmer

Date

Signature of Parent/Guardian

Date