



Date: _____

Swim Lessons 2018-19

It is becoming increasingly more important for children to start developing swimming techniques to protect them from the dangers of drowning. Our swim lessons start as young as 3 years of age if completely toilet trained.

Name of Swimmer: _____ DOB: ____/____/____ (____ yrs. old) ____ Male ____ Female

Preferred Nickname: _____ Has your child taken lesson before? Yes No

Would you be interested in having your child, upon progression, participate in swim Team? Yes No

If so to what level was their progress? ____ level 1 ____ level 2 ____ level 3 ____ level 4

*Ethnicity: ____ Black/African American ____ Asian ____ Other ____ White ____ Hispanic/Latino ____ Amer. Indian

Name of Parents or Guardian: _____

Address: _____

(City)

(State)

(Zip Code)

Telephone number: (____) _____ cell phone number: (____) _____

E-mail address: (Home) _____ (Work) _____

Communications: Note about e-mails: BEST confirms registrations, and provides information about Swim Team activities, new sessions and class closings by e-mail. BEST cannot be responsible for missed e-mails due to incorrect e-mail addresses, or blocked e-mails due to spam-filters. We encourage everyone to please check your email regularly or devise a system where someone who is regularly up to date on emails will give you a call. If you do not have regular email access, please select an alternative from below. Thank You

Best mode of contact:

____ Phone message (____) _____

____ Text Message (____) _____ Additional information: _____

Community Center Information:

All program participants are required to have a valid Community Center membership. Please enter the membership information below.

Community Center Membership No.# _____ Exp. Date: _____

Please keep in mind that Community Centers are a municipal organization subject to schedule changes due to local event. On occasion, scheduled pool time may be rescheduled or cancelled due to heat emergencies or needed repairs.

Please supply additional information about your child that may help us service him/her better:

Please choose two Committed Days: ____ Tuesday ____ Wednesday ____ Thursday ____ Friday ____ Saturday

Assessed Level: _____ Assessor: _____

Parental Permission/Hold Harmless Agreement:

I/We the undersigned do authorize and permit said child/adult to participate in all athletic, recreational, and aquatic activities without limitation conducted by the Boston Elite Swim Team (BEST). I/We do hereby waive, release, absolve indemnify and agree to hold harmless the organizers, sponsors, supervisors and participants from all claims from damages to persons, which may result from any such activity by such child and/or adult

Providing information () is optional, but please keep in mind as a non-profit organization the fees that we charge cover a percentage of the cost of running our program. Therefore, we must solicit funds by conducting fundraising activities, foundations and corporations to cover the remaining organizational and program cost assessed in our budget and this demographic information is vital to our ability to successfully raise those funds. The following information is being requested to help determine individuals in need of scholarships. Thank you in advance for your cooperation and please rest assured that this date is only presented in aggregate – your specific information is not shared without permission.

*Annual Household Income: ___Less than \$25,000 ___\$25,001 - \$40,000 ___\$40,001 - \$60,000
___\$60,001 - \$80,000 ___\$80,001 - \$100,000 ___More than \$100,000.

*Primary language spoken at home: _____ No. of people in household _____

Payment Policy:

All Lesson and Team Fees are due on the first of each month with exception of group negotiated rates and payment plans. Monthly fees should be paid prior to the 10th of each month or you will incur a late fee of \$10.00 per participant, multiple monthly payments are and can be accepted. All payments can be made on line via credit/debit card. Checks should be made payable to “Boston Elite Swim Team” or BEST. Communication is the best policy. Please let us know if you will be late with your monthly payment and a future planned date to clear your balance due, this does not pardon or waive late fees. If payments made do not clear processing a fee will be applied to your balance.

I/We understand that the registration of my/our swimmer represents a financial commitment for the full amount of dues assessed for the program with Boston Elite Swim Team (BEST) that my child has joined. I/We agree to pay the monthly fee, put forth during the period for which my child will be taking lessons. I/We understand that withdrawal from the program as a result of injury, sickness, relocation does not relieve me/us from this financial commitment. Intentions to resign or any form of leave must be submitted in writing to BEST Administration two weeks prior to date of withdrawal. Failure to fulfill your financial obligations will result in the loss of participation in program privileges. Payments are non-refundable, please print and keep your receipt.

Initial After Reading_____

Emergency Care Permission:

In the event I cannot be reached, I give permission for emergency medical, surgical and hospital treatment and procedures to be performed by a licensed physician or hospital, when deemed immediately necessary to safeguard my child’s health. I relieve the Boston Elite Swim Team/Different Strokes Program (BEST), the BEST coaching staff, volunteers and other agents of any and all responsibility for action taken by the doctor(s) and/or hospital in the treatment and attendance of my child.

Property Loss:

I understand that the Boston Elite Swim Team/Different Strokes Program (BEST) is not responsible for personal property lost, damaged or stolen while participating in **swim lessons/team** practice or functions.

Photo/Video Release Consent

I hear-by consent to have my child _____ photographed or videotaped for public release by the Boston Elite Swim Team/Different Strokes Program. I understand that any image and/or interview may be used in, but not limited to, the following: brochure, newspaper, video project, web site, or advertisement. I also understand that neither I, nor my child will receive compensation in any form, now or at any form, now or at any future date, for the use of my child’s likeness and/or interview in any and all materials released by the Boston Elite Swim Team/Different Strokes Program.

Signature of Parent/Legal Guardian (if participant is under 18 years old)

Print Name: _____

Address: _____(city) _____State)_____(Zip) _____

Parent/Guardian Signature: _____ Date: _____

MEDICAL RELEASE/AUTHORIZATION FORM 2017 – 2018

Child's Name: _____
(Last) (First) Middle Initial

Address: _____

City: _____ State: _____ Zip: _____

Home Telephone: () _____

Father's Work: () _____ Mother's Work: () _____

Child's Physician's Name: _____ Tel: _____

PHYSICAL INFORMATION:

Please list any accidents, illnesses or physical limitations that would stop your child from participating in a program or state "none".

Allergies: (General) _____

(Food): _____ (Medication): _____

Is your child presently taking any medication? ____ () Yes ____ () No ____ If "Yes" Please name: _____

Person to contact in case of emergency (other than parent):

Name: _____ Tele: _____

Emergency Release:

In the event of an emergency, injury, or illness affecting our child or children, I/we hereby give permission to an authorized official of the Boston Elite Swim Team (BEST), to obtain appropriate medical attention for my/our child/children.

A photocopy of this Medical Release form and signature is acceptable.

Parent/Guardian Date

INSURANCE CARRIER: _____ SUBSCRIBER'S NAME: _____

IDENTIFICATION NO: _____

MEDICAL AUTHORIZATION:

We, the parent(s) of _____ believe that our child can successfully participate in swim meets in Massachusetts and travel meets out of state. We understand that every effort will be made to contact us before emergency authorization or hospital treatment is given, but in case of emergency, we hereby give permission to the physician selected by the swim team's personal or chaperones to hospitalize, secure proper treatment for, and order injections, anesthesia, or surgery for our child named above.

I give permission to have the swim team coaches or chaperones to administer the following:

_____ Acetaminophen (Tylenol) _____ Benedryl _____ Ibuprophen

_____ Bacitracin ointment _____ Hydrocortisone Cream 1%

_____ All of the above _____ None of the above

Parent/Guardian Signature: _____

Attendance & Pool Rules

We are currently guest of Madison Park High School, The Holland & Mattahut Community Centers of Boston Center for Youth and Families (BCYF). We have a valued relationship with the Community Centers' Administration. In an effort to maintain that relationship in a positive manner we ask that everyone take responsibility of maintaining appropriate conduct at all times. Improper conduct, destructive behavior or destruction of any property will greatly jeopardize the program we presently enjoy. Please be responsible and help us keep the facilities clean. All participants are required to obtain a Community Center membership to participate in this program.

1. Parents are asked to drop off and pick-up children at the beginning and end of their lesson. Parents are welcome to observe. When at the Holland, this is done in the locker rooms, not on the pool deck. **Please wear appropriate deck shoes** (i.e. flip flops or water proof foot wear other than street shoes) **ABSOLUTELY NO SHOE ON DECK! Parents are asked not to sit in the pool deck area.** If you need to consult with a coach or instructor, they are usually available after practice and they can be contacted via BEST Administration emails.
2. Proper swim attire is important and required –Swim trunks (male); One-piece Swim Suit (females), Flip Flops or water shoes, Towel, Goggles and bathing cap. Only a white t-shirt may be used as a top or cover up
3. If you have swimmer(s) in two different level lessons, we ask that you wait with your child/swimmer in the spectator area or off to the side if on deck, until it is time for their lesson.
4. **Regular** attendance is the key to achieving positive results. It is critically important that everyone realize **consistency** is needed for your child to achieve the goal of being a confident swimmer. It is not recommended to use swim lessons or team as a disciplinary action.
5. If your child is unable to attend practice or lesson, kindly let us know via text to 857-203-0133 or email – best.orcas@gmail.com. Please add this to your phone, now.
6. No running, pushing, jumping, or horseplay of any kind is permitted in any part of these facilities. Lane lines are not to be sat upon or abused.
7. Swimmers are not allowed to touch any exercise or diving equipment without the permission of the coach and/or lifeguards.
8. Food, beverages (excluding re-sealable plastic water bottles & sports drinks) and gum are prohibited in the Pool area. **Feed Children lightly 1-2 hours before lessons.** If your child has an accident in the pool this unfortunately, will end all classes for the evening for everyone in the program.
9. BEST operates under a “no foul language” or “bullying” policy, and has no tolerance for theft; practice of this behavior will result in suspension.
10. There are **NO cell phones** allowed in locker rooms. All Cell phones and valuables should be left with a family member or trusted responsible adult during lessons/practice. We ask that all program participants utilize the locker rooms for changing and that all items belonging to each participant be folded and put in your gym bag. We strongly encourage everyone to bring all personal belongings to the deck and have them secured with an adult. We or Community Centers Administration is not responsible for lost or stolen items in the locker rooms/or center.

10. **NOTE:** BCYF Facilities are under the City of Boston Regulations: ratio to lifeguards is 20 to 1.

The above rules will ensure the safety of all and the continuance of a highly structured successful program. I have read, understand and agree to follow the above rules.

Swimmer's signature: _____ Date: _____

Parent signature: _____ Date: _____

Program details:

While we are making every effort to remain affordable, we are continually balancing the need for experienced instructors and pool time expenses that translate into convenience quality lessons for your children. Therefore, we have had to make a minimal increase to cost. As you will notice we do have a program in place for individuals who may be experiencing some economic challenge. Despite life's challenges, we are committed to providing quality affordable swim lessons. We are unable to provide make up lessons for any lessons missed due to vacation, illness or any circumstances outside our ability of control. We do not roll-over lessons for make-up, therefore we will make every effort to ensure a highly experienced instructor is available on the planned dates for your children.

Swimmer's requesting more than 2 days of lessons will incur a fee of an additional \$15.00 per month per swimmer. This will be based on class size and availability.

Lessons are conducted twice a week and swimmers are encouraged to practice as much as possible between the times of their lessons. **Consistency and regular attendance is critical and required to ensure your child's progress** and their developing the confidence needed to become a strong swimmer. We have changed to Team Unify to handle all monthly and meet fees online. This can only be done by credit or debit card.

Drop-In Fee: Swimmers attending lesson's inconsistently will be eliminated from the class attendance list. If they should attend and there is room in an appropriate level class there will be an on the spot fee of \$8.00 per lesson per child – Cash or money order only.

When a swimmer progresses to swim or bridge team you will be required to fill out a Swim Team registration form, please be advised that Swim Team fees are a bit more costly than swim lessons due to more direct coaching as well as additional time in the pool and access to training.

Asterisk within this document (*) identifies areas in which we utilized tracking data necessary for reporting and funding opportunities. It would be sincerely appreciated if you could supply the requested information. Thank you in advance for your anticipated cooperation.

Volunteer Commitment Form (2017-18)**Our Mission is:**

Our mission is to reduce the rate of drowning amongst youth by teaching fundamental life-saving water safety skills and providing access to all levels of the sport of swimming. We ultimately aspire to provide youth with positive development opportunities. **“Access + Education = Opportunity”**

Achievement of our mission requires commitment to providing the opportunity to compete at the highest level of competition on a local, regional and national level while establishing BEST as a model culturally diverse team of athletes in the nation. BEST provides an avenue for swimmers at community pools to participate and achieve a higher-level of training. Phase 2 of a survey recently done by USA Swimming identify that 70% percent of African-American children can't swim, almost twice the figure for white children. Stark statistics show that children of color drown at a rate almost three times the overall rate and that drowning is the second leading cause of accidental death among children 14 years of age and younger. "THIS IS PREVENTABLE". The studies analysis resulted in four primary categories emerging from the data, labeled swimming access, parental perceptions that hinder swimming participation, and strategies in increase minority participation in swimming. The higher-order categories were; facilities, transportation; finances and time. In the aftermath of KATRINA we realize that swimming is not just for fun but a fundamental life skill needed by all.

We can only accomplish this with your help everyone within our community can participate in some way and play a role in the success of this program and helping to ensure that it remains affordable. Please check the boxes to identify the ways in which we can count on your support for this program:

- Buddy Parent (email/call) support parents who don't regularly access their emails by giving them a call
- Deck Coordinator (Direct Participants to their child's lesson instructors; Take attendance (Lesson's & Team) & potentially produce monthly report;
- Monitor class timing (30 – 40 minutes);
- Communicate end of lesson's signaling everyone out of the pool;
- Discretely make on the spot suggestions & give direction;
- Locker room attendants

I'm willing to support Fundraising to assist with maintaining this program as an affordable option in my community:

- Concession Stand Coordinator Concession Stand helper
- Registration/Event Table Informant Transportation Organizer
- Hospitality for BEST Solicit Sponsor's for Give-a-ways (an inexpensive ways to say Thank You)
- General Volunteer Distribute Information (Flyers, Handouts, willing to pitch in where needed etc.)

Thank you in advance for your commitment to share in being community conscience citizen and service oriented.

Signature Please: _____