

***Please remove this top paper. The rest of the registration packet must be turned into Black Hills Gold Swimming prior to practice beginning.**

- All new and returning families need to be familiar with the information on our website, www.bhgoldswimming.com.
- **Parents must attend a mandatory parent meeting Oct 19th or 30th at 6:30 or swimmers will not be permitted to continue practicing. This is required for new and returning families, regardless of if your swimmer has begun practice yet.** Parents are encouraged to set up an individual meeting between coaches, parents and swimmers during the first month of practice to discuss expectations and set goals.
- Black Hills Gold Swimming expects a level of commitment and active participation of all parents. There are many areas where volunteers are needed. Every family is required to volunteer at our home meets.
- All swimmers are expected to compete in 2 meets during the season and a state meet at the end of the season. The state meet will be a travel meet. Please see the calendar on the website for these dates and locations.
- Communication from the team comes primarily through email and BAND. It is up to each family to make sure they are on they are on the lists and receiving this information.
- Per USA swimming insurance and club policy anyone that is not a certified coach is not allowed to work with the swimmers. Parents and other spectators are welcome to observe practice from the balcony or outside the glass doors.
- Please check the websites calendar the last week of each month for the followings months final schedule, as changes may occur as the season progresses.

Practice begins September 25th for the 2023-2024 Short Course Season. Swimmers may join the team until October 27th, however it is appreciated if you declare their intent to swim ASAP.

- Each swimmer is responsible for a mandatory club fee of \$325. (This is in addition to practice dues.) The family maximum is \$600. The team has several fundraising options available that does not require door to door sales. If you would rather opt out of fundraising, you may pay an additional fee to the team. Fundraising obligations are due in full by the end of January – any outstanding fundraising will be added to your regular February invoice.
- During practice times swimmers are under the supervision of coaches in the pool and on the pool deck only. The locker rooms are not supervised unless the coaches are notified of a problem. As almost all of our behavior problems happen in the locker rooms, **It is highly recommended that swimmer arrive to practice and leave in their suits whenever possible.** All personal items should be on the pool deck during practice – **No personal items should ever be left in the locker rooms.**
- Coaches have no way of knowing which swimmers are dropped off for practice on a given day and therefore cannot alert parents to their absence. Coaches are not responsible for athlete's attendance. Attendance is taken daily and can be accessed on the website.
- All fees due to Black Hills Gold Swimming are due in a timely manner. Payment options are monthly or annually and should be arranged with the BHG Treasurer at one of the parent meetings. If paying monthly, a credit or debit card must be on file to be automatically charged. If paying seasonally, fees will be paid in one lump sum by check at the parent meeting or online by credit/debit card by Nov 1st. All meets registered for must be paid for at the time of registration. If any fees are outstanding past 30 days swimmers will not be allowed to practice or sign up for meets.
- **Swimmers should not arrive at the Young Center prior to 5:20 PM and MUST be picked up within 10 minutes of their practice time being over.** Pool space and coaches are limited. Practice time are as follows:

Golden Nuggets:
Mon/Tues/Thurs
5:30-6:15,
Free time until 6:25

Age Group 1:
Mon – Thurs 5:30-6:30,
Free time until 6:40

Age Group 2:
Mon-Thurs 5:30-7:00

Sr/Sr Prep:
Mon – Thurs 5:30-7:30
Dryland Tues/Thurs
4:45 – 5:30 (Starting late
Oct/early Nov.)

Black Hills Gold Swimming – 2023-2024

***In addition to this paperwork each swimmer needs to have a USA swimming application completed.

Last Name _____

Swimmers	Date of Birth
_____	_____
_____	_____
_____	_____

Address _____

Name of Parent(s)/Guardian(s) _____

Phone Numbers	Mother/Father/Guardian/Swimmer	Home/Cell
_____	_____	_____
_____	_____	_____
_____	_____	_____

Email Address	Mother/Father/Swimmer
_____	_____
_____	_____
_____	_____

I request membership for the above listed swimmers in Black Hills Gold Swimming and agree to hold Black Hills gold Swimming harmless against any claim of injuries resulting from participation in or transportation to and from activities sponsored by Black Hills Gold Swimming. The Black Hills Gold Swim Team has my permission to use my or my child's photograph and name publicly to promote the swim team. I understand that the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

Date _____

Parent/Guardian Signature _____

Printed Name _____

Medical Release

This information will be kept confidential with the coaches and used only as a mean of improving your swimmers experience.

Name and Phone Number of family Physician _____

Swimming is a relatively safe sport from the standpoint of injuries. However it is possible for accidents to occur such as swimmers swimming into the wall or each other, slipping on the wet pool deck, inappropriately diving into the pool and hitting the wall or bottom of the pool Other injuries that are often common include joint problems caused by stress on the joint and repetitive motion injuries. Other injuries are possible. In the event of an injury which requires immediate treatment, we will make every effort possible to contact the parents(s)/guardian. In the case this is not possible we would like the following consent for medical treatment signed:

MEDICAL TREATMENT CONSENT FOR (list all swimmers whom you have authority to give consent)

I am the _____ (mother/father/legal guardian) of the above listed who participate as swimmer(s) on the Black Hills Gold Swim Team. I hereby consent to any medical services that may be required while said swimmer(s) is under the supervision of the Black Hills gold Swim Team while participating a swim team sponsored activity and hereby appoint said employee to act on my behalf of securing necessary medical services form a duly licensed medical provider.

Dated this _____ day of _____ 20 _____

Signed _____

Place an X next to any of the following which you may have had at any time in the past. Please describe the specifics of when the condition occurred and how it was treated and the present status of the condition.

Under additional medial information list any medical treatment and/or medications the swimmer is currently under, any allergies the swimmer has and any physical limitations or problems that might affect your swimmers ability to participate in any sport (not just swimming) as we may include dryland training as part of our overall fitness program which may include running, throwing, catching, conditioning, and body weight exercises appropriate to each swimmers age group. If there are multiple swimmers from each family please fill out individually for each swimmer.

Swimmer's Name _____

_____ Respiratory problems	_____ Arthritis	_____ Diabetes	_____ Convulsive Disorder
_____ Thyroid Disease	_____ Heart Problems	_____ Anemia	_____ Kidney Problems
_____ Concussions	_____ Heart Murmur	_____ Hepatitis	_____ Tuberculosis
_____ Hernia	_____ Head Injuries	_____ Vision Problems	
_____ Hemophilia	_____ Hearing Problems	_____ Asthma	

Additional Medical Information: _____

LIABILITY RELEASE AND INDEMNIFICATION FORM and HOLD HARMLESS WAIVER

I, the undersigned participant and parent, request voluntary participation for minor to participate in the **Black Hills Gold Swimming** activity which begins September 1st, 2023 and ends August 31st, 2024 sponsored by Black Hills Gold Swimming, USA Swimming and its local swimming committees, all of which are hereinafter referred to as the "activity".

I consent to my/minor's participation in the activity and acknowledge that the minor and I fully understand my/minor's participation may involve risk of serious injury or death, including losses which may result not only from my/minor's own actions, inactions or negligence, but also from the actions, inactions, or negligence of others, the condition of the facilities, equipment, or areas where the event or activity is being conducted, and/or the rules of play of this type of event or activity. I understand that if I have any risk concerns, I should discuss the risks associated with my participation with the activity coordinators and event staff, before I sign this document and before the activity begins.

Release – Minor's Rights: In consideration of allowing Minor Participant to participate in this USA Swimming event, I hereby release and hold harmless USA Swimming, local swim committee, members of its board of directors, and its officers, employees, members, volunteers, other participants, and agents (collectively, the "Released Parties"), of and from, and do discharge and waive, any and all claims, demands, losses, damages, and liabilities that Minor Participant may have or sustain with respect to any and all damage and/or injury, of any type, arising out of his or her participating in this USA Swimming event. I also agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

I acknowledge that I am aware that there are risks to me of exposure to directly or indirectly arising out of, contributed to, by, or resulting from:

- An outbreak of any and all communicable disease, including but not limited to, the virus "severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)", which is responsible for Coronavirus Disease (COVID-19) and/or any mutation or variation thereof;

In consideration of having the opportunity to participate as either a team member or competitor at location, and in acknowledging that I am aware of and willing to assume the risks associated with this activity, I hereby voluntarily agree to waive, hold harmless and indemnify Black Hills Gold Swimming and its trustees, agents, volunteers and employees from any and all claims, demands, damages and causes of action of any nature whatsoever arising out of ordinary negligence which I, my heirs, my assigns or successors may have against them for, on account of, or by reason of my participation in the above activities. I indicate my agreement to this hold harmless elective noted below.

(Print name of minor)

(Signature of minor)

(Date)

(Print name of minor)

(Signature of minor)

(Date)

(Print name of minor)

(Signature of minor)

(Date)

Release – Parents'/Guardians' Rights: In consideration of allowing Minor Participant to participate in this USA Swimming event, I hereby release and hold harmless the Released Parties, of and from, and do discharge and waive, any and all claims, demands, losses, damages, and liabilities that I may have or sustain with respect to any and all damage and/or injury, of any type, arising from Minor Participant's participation in this USA Swimming event. I also agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

I certify that my/minor is in good health and have no physical condition that would prevent participation in this activity. Furthermore, I agree to use my/minor's personal medical insurance as a primary medical coverage payment if accident or injury occurs. I consent to emergency medical treatment in the event such care is required.

(Print name of Parent/Guardian)

(Signature of parent)

(Date)

Indemnification by Parent/Guardian: The undersigned parent/guardian further agrees to indemnify, save and hold harmless the Released Parties from any and all claims, demands, losses, damages and liabilities for indemnities, contribution or otherwise with respect to any damage and/or injury, of any type, arising from Minor Participant's participation in this USA Swimming event. The undersigned also agrees that this Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement extends to all acts of negligence by the Releasee and is intended to be as broad and inclusive as is permitted by the laws of the State in which the Event(s) is/are conducted and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

(Print name of Parent/Guardian)

(Signature of parent)

(Date)



I acknowledge that I have received, read and understood the Minor Athlete Abuse Prevention Policy* and/or that the Policy has been explained to me or my family. I further acknowledge and understand that agreeing to comply with the contents of this Policy is a condition of my membership with Black Hills Gold Swimming. (USA Swimming member club).

Name: _____

Signature: _____

Date: _____

** The Minor Athlete Abuse Prevention Policy is USA Swimming Safe Sport policy. A copy of the updated document which is in effect September 1, 2021 is posted on the team website under Documents.

Please complete for additional swimmers in a family. If there are more swimmers in a family than space for on the liability release and indemnification form please print out extra copies of that sheet as well.

Swimmer's Name _____

- | | | | |
|----------------------------|------------------------|-----------------------|---------------------------|
| _____ Respiratory problems | _____ Arthritis | _____ Diabetes | _____ Convulsive Disorder |
| _____ Thyroid Disease | _____ Heart Problems | _____ Anemia | _____ Kidney Problems |
| _____ Concussions | _____ Heart Murmur | _____ Hepatitis | _____ Tuberculosis |
| _____ Hernia | _____ Head Injuries | _____ Vision Problems | |
| _____ Hemophilia | _____ Hearing Problems | _____ Asthma | |

Additional Medical Information: _____

Swimmer's Name _____

- | | | | |
|----------------------------|------------------------|-----------------------|---------------------------|
| _____ Respiratory problems | _____ Arthritis | _____ Diabetes | _____ Convulsive Disorder |
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| _____ Hernia | _____ Head Injuries | _____ Vision Problems | |
| _____ Hemophilia | _____ Hearing Problems | _____ Asthma | |

Additional Medical Information: _____
