



## SWIMMER APPLICATION

### Swimmers Information:

1. Swimmers Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(MO/DA/YR)  
Any Medical Issues: \_\_\_\_\_
2. Swimmers Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(MO/DA/YR)  
Any Medical Issues: \_\_\_\_\_
3. Swimmers Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(MO/DA/YR)  
Any Medical Issues: \_\_\_\_\_

### Parents Information: (If returning swimmer, please update parent information as required)

\*Cell phone and provider information is used to send you text messages if practice is canceled.

Mothers Name: \_\_\_\_\_ Cell Phone/Provider: \_\_\_\_\_  
Fathers Name: \_\_\_\_\_ Cell Phone : \_\_\_\_\_  
Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
E-Mail: \_\_\_\_\_

**EMERGENCY CONTACT:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

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**LIABILITY:** I hereby release and agree to hold harmless the Seals Swim Club, LLC its employees and agents from all liabilities, claims and demands, which may accrue from injury to my child or property through participation in this program. In case of accident or injury, where I cannot be reached, I give my permission to have my child given medical treatment immediately.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witnessed By: \_\_\_\_\_ Date: \_\_\_\_\_  
Print Name Sign Name



**USA SWIMMING**

**2020 ATHLETE REGISTRATION APPLICATION**  
**LSC: Southeastern Swimming - SES**

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

(Bill, Beth, Scooter, Liz, Bobby) If not affiliated with a club, enter "Unattached"

**NOTE:** If you are 18 years of age or older, you are required to abide by to the Minor Athlete Abuse Prevention Policy. In addition, in order to be a member in good standing you must complete the Athlete Protection Training. The training can be accessed at [www.usaswimming.org/apt](http://www.usaswimming.org/apt)

GUARDIAN #1 LAST NAME	GUARDIAN #1 FIRST NAME	GUARDIAN #2 LAST NAME	GUARDIAN #2 FIRST NAME
MAILING ADDRESS			
CITY	STATE	ZIP CODE	
AREA CODE	TELEPHONE NO.	FAMILY/HOUSEHOLD E-MAIL ADDRESS	ATHLETE'S EMAIL ADDRESS

U.S. CITIZEN: ☐ YES ☐ NO

ARE YOU A MEMBER OF ANOTHER FINA  
FEDERATION? ☐ YES ☐ NO

IF YES, WHICH FEDERATION:

HAVE YOU REPRESENTED THAT  
FEDERATION AT INTERNATIONAL  
COMPETITION? ☐ YES ☐ NO

OPTIONAL	
<b>DISABILITY:</b> <input type="checkbox"/> A. Legally Blind or Visually Impaired <input type="checkbox"/> B. Deaf or Hard of Hearing <input type="checkbox"/> C. Physical Disability <i>such as</i> <i>amputation, cerebral palsy,</i> <i>dwarfism, spinal injury,</i> <i>mobility impairment</i> <input type="checkbox"/> D. Cognitive Disability <i>such as</i> <i>severe learning disorder,</i> <i>autism</i>	<b>RACE AND ETHNICITY</b> (You may check up to two choices): <input type="checkbox"/> Q. Black or African American <input type="checkbox"/> R. Asian <input type="checkbox"/> S. White <input type="checkbox"/> T. Hispanic or Latino <input type="checkbox"/> U. American Indian & Alaska Native <input type="checkbox"/> V. Some Other Race <input type="checkbox"/> W. Native Hawaiian & Other Pacific Islander

**MAKE CHECK PAYABLE TO:**

**Your Local Swim Team**  
**If Swimming Unattached to SE Swimming**

**MAIL APPLICATION & PAYMENT TO:**

**Your Local Swim Team**  
**If swimming Unattached to SE Swimming**  
**327 East Longleaf Dr**  
**Auburn, AL 36832**

2020 REGISTRATION FEE	
Sept. 1, 2019 through Dec. 31, 2020	
USA Swimming Fee	\$62.00
LSC Fee	\$12.00
<b>TOTAL DUE</b>	<b>\$ 74.00</b>

HIGH SCHOOL STUDENTS – Year of high school graduation: \_\_\_\_\_

YEAR LAST REGISTERED: \_\_\_\_\_. IF YOU REGISTERED WITH A DIFFERENT USA SWIMMING CLUB IN 2019, ENTER THAT  
CLUB CODE: \_\_\_\_\_ LSC CODE: \_\_\_\_\_ AND THE DATE OF YOUR LAST COMPETITION REPRESENTING THAT CLUB: \_\_\_\_\_.

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

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

REG. DATE/LSC USE ONLY \_\_\_\_\_

Seals Swim Club may wish to take photographs (individual and in groups) of swimmers under the age of 18 that may include your child during their membership in the club. All photos will be taken and in line with club policy. The club requires parental consent to take and use photographs.

Parents have the right to refuse agreement to their child being photographed.

As the parent/caregiver of \_\_\_\_\_ I allow the following

**Take photographs to use on the club's secure website**

\_\_\_\_\_ Consent given                      \_\_\_\_\_ Consent refused

**Take photographs to include with newspaper articles**

\_\_\_\_\_ Consent given                      \_\_\_\_\_ Consent refused

**Take photographs to use on the club boards at the MWR Pool**

\_\_\_\_\_ Consent given                      \_\_\_\_\_ Consent refused

**Video for training purposes only**

\_\_\_\_\_ Consent given                      \_\_\_\_\_ Consent refused

**Signed**\_\_\_\_\_ **Date**\_\_\_\_\_

*Please return this form to Coach Kelley*

## **Acknowledgment of Receipt of Concussion Information Sheet**

Pursuant to your state law, a concussion and head injury information sheet shall be given by each youth sports organization offering an athletic program to each athlete in that program. The information sheet shall be signed and returned by the athlete and, if the athlete is 17 years of age or younger, shall also be signed by the athlete's parent or guardian before the athlete initiates practice or competition. The USA Swimming Concussion Information Sheet (three pages) is attached to this acknowledgment.

Please note, the information contained in the Swimming Concussion Information Sheet and this Acknowledgment is not medical advice and is no substitute for it.

I hereby acknowledge that I have received the USA Swimming Concussion Information Sheet (three pages) from Seals Swim Club

I have read and understand its contents.

I also acknowledge that if I have any questions regarding the signs or symptoms of a concussion or other head injuries, the need to seek medical attention and the protocol for returning to daily activities, school and the swimming pool, I will consult with a licensed health care provider.

_____	_____	_____
Athlete's Name	Athlete's Signature	Date
_____	_____	_____
Parent or Guardian's Name	Parent or Guardian's Signature	Date

This signed acknowledgment may be returned through an electronic medium, including but not limited to, fax or electronic mail. Please check with your USA Swimming Team representatives regarding contact information.

NAVDIVESALVTRACENINST 11000.1J  
24 Mar 11

RELEASE OF LIABILITY

Naval Diving and Salvage Training Center  
Panama City, FL 32407-7106

ACCIDENT/INJURY AND DAMAGE TO PERSONAL PROPERTY RELEASE FORM

In consideration of the U.S. Naval Diving and Salvage Training Center, Panama City, Florida, permitting (printed name)\_\_\_\_\_ to Open swim in the TT351 Only, as authorized by the Commanding Officer. I hereby agree that all such use shall be at my own risk against all casualties to myself or my property. I also agree for myself, heirs, executors, and administrators to protect indemnify, and hold harmless the staff and facilitators as a result of the above individuals presence, including the cost of legal proceeding and other expenses which may be incurred due to injury, death, or damage to personal property, provided said claim does not arise as a result of a willful act of the United States Navy.

READ THE FOLLOWING CAREFULLY! I know that this paper is more than a receipt. It is a RELEASE of the Government from ALL RESPONSIBILITY except as noted herein. I have read and understand Section 8: (Regulations) from NAVDIVSALVTRACENINST 11000.1 (series).

Date: \_\_\_\_\_  
MM-DD-YY      Printed Name of Individual      Parent Command

\_\_\_\_\_  
Signature      Contact Number

Note: Minors must have signed permission, as witness, from their parent or guardian. All others must provide valid ID and will have the NDSTC OOD/CDO witness the signing of this form at time of submission.

\_\_\_\_\_  
Witness: Print Name      Signature of Witness

\_\_\_\_\_  
Next of Kin/Emergency Contact      Relationship      Contact Number

\_\_\_\_\_  
Next of Kin/Emergency Contact Address

EXECUTIVE OFFICER APPROVAL: \_\_\_\_\_

Date: \_\_\_\_\_  
MM-DD-YY



DEPARTMENT OF THE NAVY  
NAVAL DIVING AND SALVAGE TRAINING CENTER  
350 SOUTH CRAG ROAD  
PANAMA CITY, FLORIDA 32407-7016

NAVDIVESALVTRACENINST 11000.1J  
Code 20  
24 Mar 11

NAVDIVESALVTRACEN INSTRUCTION 11000.1J

From: Commanding Officer, Naval Diving and Salvage Training Center

Subj: USE OF AQUATIC TRAINING FACILITIES (POOLS)

Encl: (1) Release of Liability Form (RLF), NAVDIVESALVTRACEN 5720/1 (Rev. 3/11)

1. Purpose. To establish procedures and guidelines for the authorized use of the Naval Diving and Salvage Training Center's (NDSTC) Aquatic Training Facility (ATF) located in Building 598 and the Training Tank (TT351) located in Building 351.

2. Cancellation. NAVDIVESALVTRACENINST 11000.1H.

3. Background. The facilities at NDSTC have been funded in support of Department of Defense Diver training. To that end, policy concerning use of the pools will ensure that the facility is available to aid the training of Divers to the maximum extent possible.

4. Policy. The NDSTC pools are to be used by eligible participants for physical conditioning and Diver/swimmer training, not as recreational facilities. Any deviation or exceptions to this instruction will be preauthorized by the NDSTC Executive Officer or his designated representative, and the Command Duty Officer must be appropriately notified.

5. Utilization.

a. Scheduling of all activities for both pools is controlled **solely** by the Training Department. Screening tests will be appropriately scheduled between 0600 and 0800. Training evolutions will have priority for use of the facilities at all times.

b. Student remedial and reinforcement training may be conducted after working hours during fitness swimming in TT351 when the qualified pool watch is on station or a knowledgeable and qualified Instructor is present.

c. If neither training, maintenance or Multi-Panel Projects (MPP) is ongoing; both pools are open for fitness swimming (Monday-Friday, 0600-1800). TT351 is the primary facility for fitness swimming. The ATF may be used for lap swimming by NDSTC/Center for Explosive Ordnance Disposal and Diving (CEODD) staff members only; dependents are not authorized in the ATF. Special permission is required by the Training Officer or Division Officer from the Training Department when the grates are down or in repair. After hours, the ATF is to be secured and not used unless authorized by the Training Officer. Due to reduced manning levels at the command, weekend fitness swimming is restricted to TT351 only on Saturday from 0800-1000, **with a required pool watch**. It is recommended a buddy be utilized during weekday fitness swimming; however, solo swimming by staff members is authorized during fitness hours. There will not be any fitness swimming on holidays, during times of inclement weather, or when the pool is secured.

d. While the MPP are in the ATF, all Physical Training (PT)/lap swimming will be secured.

e. The facilities may be used, instructional load permitting, for special functions as authorized by the Executive Officer.

f. Non NDSTC/CEODD staff personnel must have enclosure (1) signed by the Executive Officer on file at the Quarterdeck prior to fitness swims in TT351.

#### 6. Eligible Users.

a. NDSTC/CEODD staff personnel.

b. NDSTC/CEODD staff family members, when accompanied and supervised by their sponsor, are allowed during fitness swim hours in TT351 only.

c. All NDSTC student personnel.

d. Any personnel assigned Temporary Additional Duty to the command.

e. Non NDSTC/CEODD personnel and groups must be approved in writing by the NDSTC Executive Officer, utilizing enclosure (1) during fitness swim hours in TT351 only. For personnel not associated with NDSTC/CEODD, the requesting member requires an

endorsement from their parent command explaining why they need to use the pool.

7. Safety Equipment. As a minimum, the following equipment must be on station prior to use of the training pools:

- a. Life rings
- b. Life saving extension pole
- c. First Aid box
- d. Emergency Medical Alarm System
- e. Back board

8. Regulations. The following regulations apply during use of the training pools:

a. During student remedial, reinforcement or lap training, a qualified Supervisor, Instructor, or Lifeguard will be present and aware of the planned evolution prior to personnel entering the water.

b. Any group that is authorized to use the facility for a special function will provide their own qualified Lifeguard(s).

c. Personnel must take a shower prior to entering the water.

d. No personnel with sores, skin diseases, or bandages are allowed in the water without prior approval from the Medical Department.

e. In the event of an electrical thunderstorm all personnel will exit the water and enter the building until the all clear is given by the qualified Pool Watch, Instructor or Supervisor on station.

f. The pool cover will be properly removed and stored prior to use and replaced after the training evolution unless prior approval has been granted by the Pool Maintenance Manager to leave the cover off.

g. Use of the ATF by non NDSTC/CEODD groups must be approved by the Executive Officer.



- h. Lap swimming in the ATF is only authorized for NDSTC/CEODD staff during fitness swimming hours and during morning PT on a - not to interfere with training - basis.
- i. The ATF will remain locked and off limits to unauthorized personnel outside of normal working hours.
- j. No head first water entries are permitted, except in the deep end of the pools.
- k. Fitness swim will be superseded by required training.
- l. Pets are not authorized on the pool deck or in the pools.
- m. HYPERVENTILATING shall not be practiced in either pool.

**NOTE:** BREATHHOLD DIVING in both pools is limited to SCUBA confidence and mask, fins, and snorkel training while supervised by a qualified NDSTC Instructor.

**BREATHHOLD DIVING AND HYPERVENTILATION ARE DANGEROUS PRACTICES THAT CAN LEAD TO UNCONSCIOUSNESS, SHALLOW WATER BLACKOUT AND DEATH.**

9. Responsibilities.

- a. The Executive Officer will:
  - (1) Screen the RLF and be the final approval authority for all requests from non NDSTC/CEODD organizations and personnel requesting to use the facility.
- b. The Training Officer will:
  - (1) Ensure that scheduling of both training pools efficiently accommodates the most students.
  - (2) Ensure that the safety equipment listed in paragraph 7 is on scene and in optimum condition.
  - (3) Ensure that personnel designated as Supervisors and/or Instructors for pool evolutions are adequately trained in the procedures to be followed in case of an accident or emergency.

c. The Senior Watch Officer will:

(1) Post a qualified high-risk training dive qualified Instructor as the pool Watchstander during student fitness swimming periods.

d. Pool Watchstanders and Training Supervisors will:

(1) Enforce the regulations in paragraph 8.

(2) In the event of an accident, cause the medical alarm to be sounded and render assistance.

e. The Chief Master-at-Arms will:

(1) Maintain the file of RLF, enclosure (1).

(2) Ensure the approved group rosters and RLF folder are updated and placed on the Quarterdeck.

f. Command Duty Officer will:

(1) Ensure that the Officer of the Day and Student Quarterdeck Watch are aware of the policy set forth in this instruction.

(2) Ensure bona-fide guests have an approved RLF on file at the Quarterdeck.

(3) Secure fitness swim during times of inclement weather.

g. All Staff Members will:

(1) Ensure that each of their dependents who use the training tank fill out enclosure (1).

(2) Ensure authorized dependents are in compliance with paragraph 6.b and 8.



M. L. EGAN

Distribution: NAVDIVESALVTRACENINST 5216.1E  
List I



# CONCUSSION INFORMATION SHEET

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**Dear Parent/Guardian and Athletes,**

This information sheet is provided to assist you and your child in recognizing the signs and symptoms of a concussion. Every athlete is different and responds to a brain injury differently, so seek medical attention if you suspect your child has a concussion. Once a concussion occurs, it is very important your athlete return to normal activities slowly, so he/she does not do more damage to his/her brain.

## **What is a Concussion?**

A concussion is an injury to the brain that may be caused by a blow, bump, or jolt to the head. Concussions may also happen after a fall or hit that jars the brain. A blow elsewhere on the body can cause a concussion even if an athlete does not hit his/her head directly. Concussions can range from mild to severe.

## **Signs and Symptoms of a Concussion**

Athletes do not have to be “knocked out” to have a concussion. In fact, less than 1 out of 10 concussions result in loss of consciousness. Concussion symptoms can develop right away or up to 48 hours after the injury. Ignoring any signs or symptoms of a concussion puts your child’s health at risk!

## **Signs Observed by Coaches, Officials, Parents or Guardians**

- ☐ Appears dazed, stunned or confused
- ☐ Unsure about event, location of name of meet
- ☐ Moves clumsily
- ☐ Answers questions slowly
- ☐ Loses consciousness (even briefly)
- ☐ Shows behavior or personality changes – irritability, sadness, nervousness, emotional
- ☐ Can’t recall events before or after incident

## **Symptoms Reported by Athlete**

- ☐ Any headache or “pressure” in head - how badly it hurts does not matter
- ☐ Nausea or vomiting
- ☐ Balance problems or dizziness
- ☐ Double or blurry vision
- ☐ Sensitivity to light and/or noise
- ☐ Feeling sluggish, hazy, foggy or groggy
- ☐ Concentration or memory problems
- ☐ Confusion
- ☐ Does not “feel right”
- ☐ Trouble falling asleep
- ☐ Sleeping more or less than usual

## **Be Honest**

Encourage your athlete to be honest with you, his/her coach and your health care provider about his/her symptoms. Many young athletes get caught up in the moment and/or feel pressured to return to sports before they are ready. It is better to miss practice or meets than the entire season... or risk permanent damage!

## **Seek Medical Attention Right Away**

Seeking medical attention on the day of the event is an important first step if you suspect or are told your swimmer has a concussion. A qualified health care professional will be able to determine how serious the concussion is and when it is safe for your child to return to sports and other daily activities:

- ☐ No athlete should return to activity on the same day he/she gets a concussion
- ☐ No athlete may return to training, regardless of sport, until he/she is cleared by a health care professional with a note specifying clearance. Athletes should NEVER return to the pool if they still have ANY symptoms..... in case an athlete returns with a note and then during the practice complains of a headache or other symptoms
- ☐ Parents and coaches should never pressure any athlete to return to play

## **The Dangers of Returning Too Soon**

Returning to the pool too early may cause Second Impact Syndrome (SIS) or Post-Concussion Syndrome (PCS). SIS occurs when a second blow to the head happens before an athlete has completely recovered from a concussion. This second impact causes the brain to swell, possibly resulting in brain damage, paralysis, and even death. PCS can occur after a second impact. PCS can result in permanent, long-term concussion symptoms. The risk of SIS and PCS is the reason why no athlete should be allowed to participate in any physical activity before they are cleared by a qualified health care professional.

## **Recovery**

A concussion can affect school, work, and sports. Along with coaches and teachers, the school nurse, athletic trainer, employer, and other school administrators should be aware of the athlete's injury and their roles in helping the child recover. During the recovery time after a concussion, physical and mental rest is required. A concussion upsets the way the brain normally works and causes it to work longer and harder to complete even simple tasks. Activities that require concentration and focus may make symptoms worse and cause the brain to heal slower. Studies show that children's brains take several weeks to heal following a concussion.

## **Returning to Daily Activities**

1. Be sure your child gets plenty of rest and enough sleep at night – no late nights. Keep the same bedtime weekdays and weekends.
2. Encourage daytime naps or rest breaks when your child feels tired or worn-out.
3. Limit your child's activities that require a lot of thinking or concentration (including social activities, homework, video games, texting, computer, driving, job-related activities, movies, parties). These activities can slow the brain's recovery.
4. Limit your child's physical activity, especially those activities where another injury or blow to the head may occur.
5. Have your qualified health care professional check your child's symptoms at different times to help guide recovery.

## **Returning to School**

1. Your athlete may need to initially return to school on a limited basis, for example for only half-days, at first. This should be done under the supervision of a qualified health care professional.
2. Inform teacher(s), school counselor or administrator(s) about the injury and symptoms. School personnel should be instructed to watch for:
  - a. Increased problems paying attention.
  - b. Increased problems remembering or learning new information.
  - c. Longer time needed to complete tasks or assignments.
  - d. Greater irritability and decreased ability to cope with stress.
  - e. Symptoms worsen (headache, tiredness) when doing schoolwork.
3. Be sure your child takes multiple breaks during study time and watch for worsening of symptoms.
4. If your child is still having concussion symptoms, he/she may need extra help with school-related activities. As the symptoms decrease during recovery, the extra help can be removed gradually.

## **Returning to the Pool**

1. Returning to the pool is specific for each person. As an example, California law requires written permission from a health care provider before an athlete can return to play. Follow instructions and guidance provided by a health care professional. It is important that you, your child and your child's coach follow these instructions carefully.
2. Your child should NEVER be on deck, practice, or participate in competition if he/she still has ANY symptoms. (Be sure that your child does not have any symptoms at rest and while doing any physical activity and/or activities that require a lot of thinking or concentration).
3. Be sure that the athletic trainer, coach and physical education teacher are aware of your child's injury and symptoms.
4. Your athlete should complete a step-by-step exercise-based progression, under the direction of a qualified healthcare professional.

## **Resources:**

**Insurance** - USA Swimming provides an excess accident medical insurance policy through Mutual of Omaha for USA Swimming members while participating or volunteering in a USA Swimming sponsored or sanctioned event. Details of the insurance coverage are on the USA Swimming website under Insurance and Risk Management.

**Centers for Disease Control and Prevention** - [www.cdc.gov/Concussion](http://www.cdc.gov/Concussion)

**Zurich Concussion Conference (2012)** - Consensus statement on concussion in sport: the 4<sup>th</sup> International Conference on Concussion in Sport held in Zurich, November 2012.  
<http://bjsm.bmj.com/content/47/5/250.full>

**ODH Violence and Injury Prevention Program** - [www.healthyohioprogram.org/concussion](http://www.healthyohioprogram.org/concussion)

**National Federation of State High School Associations** - [www.nfhs.org](http://www.nfhs.org) – Index concussions and see “A parent’s guide to concussion in sports”.

Dear Families

Please take a minute to review the dive school rules

- Every person/athlete is expected to sign in at the quarterdeck. This includes children whose parents work at the dive school.
- Please remember to enter the quarter deck and leave the quarterdeck with shirt, shoes, and pants.
- You are only allowed to go to the pool. Children and families are not allowed in any other part of the Navy Dive School building (including the gym).
- The swimmers are allowed to use the bathroom facilities near medical. All other restroom facilities are off limits.
- Please remind your swimmer about appropriate behavior. No running, horse play, climbing, or yelling. These rules are for every part of the dive school.
- Siblings and swimmers are the responsibility of their parents. Please do not let them hang on the railings surrounding the pool and remind them to leave the facility with all of their gear.
- Parking: Do Not Park in any of the designated parking spaces (specifically the parking spaces in front of the building and even more specifically do not park in the CO and XO's parking spaces). The parking lots on either side of the building have open spaces.

It is a unique privilege for us to use this facility. Our swimmers are expected to have the best behavior at all times. Your cooperation is greatly appreciated.

Coach Kelley