**HANDBOOK AGREEMENT AND GOALS SHEET**

My swimmer and I \_\_\_\_ \_\_

have read the entire hand book – We understand the expectations that have been set for both families and swimmers and will abide by them.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| ***Swimmer Signature*** |  | ***Parent/Guardian Signature*** |

Please turn this form in to your coach by the second day of regular practice.

**List two goals that your swimmer wants to accomplish during the season:**

**WASHINGTON WATER SHARKS SWIMMER/PARENT CODE OF CONDUCT**

As a member of the Washington Water Sharks Swim Team, I am part of a swimming organization that believes in teamwork, integrity, respect and good sportsmanship above all else. By reading and signing this Code of Conduct, I agree to follow the rules and guidelines for behavior and sportsmanship while I am a member of this team and a representative of this organization.

**I agree that I will:**

* Show respect and common courtesies at all times to the team members, coaches, competitors, officials and parents as well as for all facilities and other property used during practices, competitions and team activities.
* Demonstrate and promote good sportsmanship, positive team spirit, and the YMCA mission during all practices, competitions, and team activities.
* Refrain from foul language, violence, and behaviors deemed dishonest, discourteous, disrespectful, or offensive to others.
* Respect and obey all coaches’ and officials’ instructions, and do so in a prompt, attentive manner. **Any complaints/concerns will be dealt with coaches privately, not on deck or at meets.**

**I understand that violating the guidelines above will result in the following:**

1. A verbal warning.
2. A written warning and parent contact.
3. Parental accompaniment at one or more practices.
4. Suspension from the swim team.

**If I continue to have disciplinary problems, I realize the following will occur:**

1. A meeting of myself, my parents, my coaches and the YMCA CEO to discuss the issue.
2. Potential team expulsion.

**I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (swimmer’s name), and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (parents name) have read and understand the Washington Water Sharks Swimmer Code of Conduct and have reviewed it with a parent or guardian before I signed this document.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Swimmer Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature Date

**SWIM TEAM REGISTRATION FORM (PLEASE PRINT)**

**(Please complete a separate form for each swimmer)**

Swimmer’s Name: First \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MI \_\_\_\_ Last \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred (Nick) Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birthdate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (M) \_\_\_\_\_\_ (F) \_\_\_\_\_\_ School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Shirt Size: YS ( ) YM ( ) YL ( ) YXL ( ) AS ( ) AM ( ) AL ( ) AXL ( )

Swimmer Mobile Phone\* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Carrier: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*optional; for sms messaging purposes through Team Unify website

**Parent/Guardian #1**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian #2:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Optional Medications/Medical Notes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Liability Release:**

I understand that the YMCA assumes no responsibility for injuries or illnesses which I or any member of my family may sustain as a result of my physical condition resulting from my participation in any athletic activities, sports programs, the use of any equipment, exercise or any other activities or programs. I acknowledge that I assume the risk for any and all injuries and illnesses which may result from my or my family’s participation in these activities. I hereby release and discharge the YMCA, its agents, and employees from any and all claims for injury, illnesses, death, loss or damage, which I or any member of my family may suffer as a result of my or my family’s participation in these activities.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature (parent/guardian if under 18)

**Transportation Release:**

I give permission for to the Washington Community Y and/or other swim team parents to transport my child to and from said facilities using the Y bus or personal vehicles for special circumstances due to pool closures.

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Picture Release:**

I give permission to the YMCA of Washington County to use, without limitation or obligation, photographs, film footage, or tape recordings which may include my or my family’s image(s) or voice(s) for purposes of promotion or interpreting YMCA programs.

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Enrollment Data:**

As a leading nonprofit improving the nation’s health, the Y supports all individuals in achieving their health goals. The Y is always striving to learn more about program improvement. To that end, we are requesting your permission to collect enrollment and assessment data. All medical information will be kept confidential.

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**----------------------------------------------------------------------------------------------------------------**

**FOR OFFICE USE ONLY**

Date of Y Membership Paid: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Bank Draft: Yes or No

Swim Dues Date Paid: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Team Unify:\_\_\_\_\_\_\_ E-mail added (Hotmail):\_\_\_\_\_\_\_ E-mail added (Shiver):\_\_\_\_\_\_\_

**Team Unify Account Set-Up (New Swimmers)**

Parent/Guardian Name for Team Unify Account\*:

(First) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Last)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email for Team Unify Account\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email #2:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_

Mobile Phone\* #1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(carrier)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile Phone\* #2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(carrier)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\* You will receive a confirmation email and sms message to set up your account and password; please confirm your accounts so you can receive communications from swim team. Multiple parents/guardians can access the same swimmer accounts. **Only 1 MAIN ACCOUNT CAN BE USED**.

Swimmers associated with account (Separate Registration form needed):

Swimmer #1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Swimmer #2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Swimmer #3: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Swimmer #4: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*Once a swimmer is registered and all fees have been paid, a Team Unify account will be set up and an email for login instructions will be sent**