

<b>SWIMMERS' INFORMATION</b>				
Last:		First:		MI:
Age:	DOB:	Gender:	Weight:	
Status of Immunizations:		Drug Allergies:		
Chronic conditions and or illness: (e.g. Seizures, Allergies, Sting, Diabetes, Asthma, etc.)?		Regular medications?		
YES	NO	YES	NO	
Please list if Yes:		Please list if Yes:		
Last:		First:		MI:
Age:	DOB:	Gender:	Weight:	
Status of Immunizations:		Drug Allergies:		
Chronic conditions and or illness: (e.g. Seizures, Allergies, Sting, Diabetes, Asthma, etc.)?		Regular medications?		
YES	NO	YES	NO	
Please list if Yes:		Please list if Yes:		
<b>PARENTS' / LEGAL GUARDIAN INFORMATION</b>				
Mother's Name:		Father's Name:		
Mother's Address:		Father's Address:		
Mother's Cell Phone:		Father's Cell Phone:		
Mother's Home Phone:		Father's Home Phone:		
Mother's Email Address:		Father's Email Address:		
<b>PHYSICIAN'S INFORMATION</b>				
Physician's Name:		Physician's Phone:		
<b>MEDICAL INSURANCE INFORMATION</b>				
Medical Insurance Provider:		Policy #:		
<b>EMERGENCY CONTACTS (If parents cannot be reached)</b>				
Name:	Phone:	Relationship:		
Name:	Phone:	Relationship:		

**ADDITIONAL SWIMMER(S) FORMS ATTACHED? YES OR NO**

**MEDICAL/HEALTH PROBLEMS:**

**PARENT/GUARDIAN CONSENT AND UNDERSTANDING**

A representative of the Dahlgren Sharks has my permission to seek emergency medical aid for my child(ren) as listed on this form in the event that I cannot be contacted.

All medical insurance covering the child(ren) must be provided by parent(s) or guardian(s).

Participation in the RSL insurance program is mandatory, and all associated costs are included in membership fees.

All fees of membership for the Dahlgren Sharks are required on or before the first day of the child(ren)'s practice.

To the best of my knowledge all information on this form is complete and accurate. I will not hold Dahlgren Sharks, the YMCA, or the coaches responsible in case of accident or injury as a result of participation in this program. I understand the risks involved with this activity and know that my children are physically able to participate in this program.

I hereby give my consent and approval for my child(ren) to participate in this activity.

Name of Child(ren) participating:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

\_\_\_\_\_  
Parent / Legal Guardian Signature and Date

# WAIVER/RELEASE OF LIABILITY

The enrolled participant and the parent/guardian of the participant (if the participant is under the age of 18), agree and understand that swimming is a HIGH RISK ACTIVITY. I recognize that there are risks inherent in the sport of swimming, which could result in (but not limited too) paralyzing injuries and death.

The participant hereby agrees to participate in the Rappahannock Swim League program and hereby agrees to indemnify and hold harmless the Rappahannock Swim League, Inc., its coaches, officers, directors, agents, volunteers, and employees, including its swim team and their respective coaches, officers, directors, agents, volunteers and employees against any liability resulting in injury that may occur to the participant while participating in the Rappahannock Swim League program. The participant also agree to indemnify the Rappahannock Swim League Swim League Inc., and the Dahlgren Sharks Swim Team from any liabilities, demands, claims, or law suits arising from the actions or inactions of the participant.

The participant and the parent/guardian of the participant authorize any representative of the Rappahannock Swim League, Inc. or the Dahlgren Sharks Swim Team to have the participant treated in any medical emergency during their participation in the Rappahannock Swim League Program. Further, the participant and the parent/guardian agree to pay all the costs associated with medical care and transportation of the participant.

I have noted below any medical/health problems of which the staff should be aware.

SWIMMER #1 NAME: \_\_\_\_\_

SWIMMER #2 NAME: \_\_\_\_\_

SWIMMER #3 NAME: \_\_\_\_\_

SWIMMER #4 NAME: \_\_\_\_\_

**I HAVE CAREFULLY READ THE ABOVE LIABILITY RELEASE AND SIGNED IT WITH FULL KNOWLEDGE OF ITS CONTENTS AND SIGNIFICANCE.**

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

Medical/Health Conditions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## **ELECTRONIC COMMUNICATIONS AND SOCIAL MEDIA POLICY**

As part of Dahlgren Sharks emphasis on athlete safety, all electronic communications between a coach and athlete must be professional in nature and for the purpose of communicating information about team activities.

**As with any communication, the content of any electronic communication should be readily available to share with the athlete's family. At the request of a parent or guardian, any email, electronic text, social media or similar communication will copy or include the athlete's parents or guardians.**

### **FACEBOOK, BLOGS AND SIMILAR SITES**

Coaches may not have athletes of Dahlgren Sharks join a personal social media page. Athlete members and parents can view the official Shark's Team page and coaches can communicate to athlete members through the site. All posts, messages, texts, or media of any kind between coach and athlete must be professional in nature and for the purpose of communicating information about team activities or for team-oriented motivational purposes.

### **TWITTER, INSTANT MESSAGING AND SIMILAR MEDIA**

These are not appropriate communications between Dahlgren Sharks Coaches and Athletes.

### **EMAIL AND SIMILAR ELECTRONIC COMMUNICATIONS**

Athletes and coaches may use email to communicate. All email content between coach and athlete must be professional in nature and for the purpose of communicating information about team activities. Any email sent to individual assistant coaches will be forwarded to the Dahlgren Sharks board, where the coach is a staff member and/or volunteer.

### **TEXTING AND SIMILAR ELECTRONIC COMMUNICATIONS**

Texting is discouraged between coaches and athletes and should be used only in an emergency.

### **ELECTRONIC IMAGERY**

From time to time, digital photos, videos of practice or competition, and other publicly obtainable images of the athlete – individually or in groups – may be taken. These photos and/or videos may be submitted to local, state or national publications, used in club videos, posted on club or club associated websites, or offered to the club families seasonally on disc or other electronic form. It is the default policy of Dahlgren Sharks to allow such practices as long as the athlete or athletes are in public view and such imagery is both appropriate and in the best interest of the athlete and the club.

### **REQUEST TO DISCONTINUE ALL ELECTRONIC COMMUNICATIONS OR IMAGERY**

The parents or guardians of an athlete may request in writing that their child not be contacted by any form of electronic communication by coaches (photography or videography).

### **MISCONDUCT**

Social media and electronic communications can also be used to commit misconduct (e.g., emotional, sexual, bullying, harassment, and hazing). Such communications by coaches, staff, volunteers, administrators, officials, parents or athletes will not be tolerated and are considered violations of USA Swimming Code of Conduct.

### **VIOLATIONS**

Violations of Dahlgren Sharks' Electronic Communications and Social Media Policy should be reported to a coach or the board.

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Parent / Legal Guardian Signature and Date

# Swim Meet Volunteering

Swim meets require many parent volunteers to assist in the preparation, running, and cleaning up. Each family is asked to have one adult participate in an assignment at each meet. We realize that you may not have a swim background, but there are tasks that are essential that require little swim knowledge. Some tasks do require training, and we have a core of experienced people ready to offer you an opportunity to learn. Key positions require attendance at one formal clinic offered by the RSL. These clinics are held in the Fredericksburg area. Positions which require formal training are marked with an asterisk.

I understand and acknowledge that my family will provide a swim meet volunteer for at least 6 times during the course of the season.

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Parent / Legal Guardian Signature and Date

# YMCA Membership

All members (swimmers) of the Sharks must become members of the YMCA.

If your swimmer(s) is/are already a member of the YMCA, you do not need to do anything additional.

If your swimmer(s) is/are NOT already a member of the YMCA, application for membership will be required. Following are the discounted rates provided by the YMCA to the Sharks swimmers:

- \$12.50 per month for one child (June and July)
- \$18.75 per month for two children (June and July)
- \$25.00 per month for three or more children (June and July)

To apply for membership, please see the YMCA staff at the front desk.

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Parent / Legal Guardian Signature and Date

# 2019 Sharks - Payment Sheet

**Swimmer Fees:**

1st Child	\$120	_____
2nd Child	\$95	_____
3rd Child	\$70	_____
4th Child	\$50	_____
5 <sup>th</sup> Child (or more)	\$25 each	_____

**Registration Fee:**      \$25 per swimmer  
 (includes swim cap, t-shirt, insurance) \_\_\_\_\_

**Swimmer/Registration Fees Total:**

Additional Gear Total: \_\_\_\_\_  
*(total from separate gear order form)*

*Processing fee (credit cards only - 3%)* \_\_\_\_\_

**Total Due:**

**TOTAL COLLECTED:**

(Cash \_\_\_\_\_ Credit Card \_\_\_\_\_ Check # \_\_\_\_\_)

**Swimmer(s) Name(s) and T-Shirt size:**

Name	T-Shirt Size (circle size)				
	Youth:	Small	Medium	Large	X-Large
	Adult:	Small	Medium	Large	X-Large
	Youth:	Small	Medium	Large	X-Large
	Adult:	Small	Medium	Large	X-Large
	Youth:	Small	Medium	Large	X-Large
	Adult:	Small	Medium	Large	X-Large
	Youth:	Small	Medium	Large	X-Large
	Adult:	Small	Medium	Large	X-Large

Parent(s) / Legal Guardian Name(s):  
 \_\_\_\_\_  
 \_\_\_\_\_