

2015 TOWNE WEST TIDALWAVES SWIM TEAM REGISTRATION

Parents' Names: _____

Address: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

E-mail address: _____

Name of Swimmer(s):

T-Shirt Size

_____ Date of Birth: _____

_____ Date of Birth: _____

_____ Date of Birth: _____

_____ Date of Birth: _____

_____ Date of Birth: _____

COST: Circle/Check all that apply and total at bottom:

New/Beginner Swimmer (per child) \$ 120.00

1st Returning Swimmer \$ 100.00

Additional Swimmers _____ @ \$ 80.00 each
(swimmer's must be in same family/live in same home)

Total # of Swimmers _____

Early registration discount (3/28/15 only) _____ -\$10.00 per family

Late registration fee beginning April 25th _____ +\$10.00 per family

Opt out of Fundraiser _____ +\$30.00 per family

Additional T-Shirt(s) # _____ sizes _____ \$10.00 each \$15.00 for XXL

Total \$ _____ Paid \$ _____ Date _____

Payment Type: Cash _____ CK # _____ CC _____

IMPORTANT REQUIREMENTS FOR EACH SWIMMER/PARENT (2015)

Each swimmer is required to participate in at least four dual swim meets during the season. This is a competitive swim team, we are not just a practice facility. If a swimmer does not swim in four dual swim meets you will not receive a trophy at the end of the season. All parents are required to volunteer for at least four full swim meets or six half swim meets (including Mock Meet, Prelims & Finals). Our meets are solely run on parent volunteers so please plan on being actively involved during our swim season.

IMPORTANT INFORMATION ON INSURANCE

Each team in our league (SHRSL) has an Excess Accident Medical Insurance plan. This is a secondary plan to cover the amounts NOT COVERED by the injured swimmer's primary plan. This is at no additional cost to the swimmer.

This plan . . .

Helps fill the gaps left by deductibles and co-insurance;

Serves as primary coverage when the injured has no other insurance;

Is affordable by the league since it does not duplicate coverage.

This insurance covers accidents at both practices and meets. The coverage is for swimmers, coaches and volunteer workers.

If an accident occurs requiring medical attention, the following is a MUST in order to file a claim with our insurance:

Tell one of your team representatives of the accident, AND

File initially with your own insurance. Our insurance will cover the deductible and co-insurance costs that your primary insurance does not pay.

Our insurance will not act as a primary carrier unless you have no other insurance. File first with your primary carrier.

I have read and understand the above information:

(Parent/Guardian Signature)

Date

(All swimmers' names in your family)

TWST EMERGENCY PROCEDURE FORM (2015)

(One Per Swimmer)

Swimmer: _____ [_____] _____
Last Name First Name Middle I. Date of Birth Sex

Address: _____

Home Telephone Number: _____ Age Group _____

Father: _____ Work # _____

Mother: _____ Work # _____

Alternate Person: _____ Phone # _____

Alternate Person: _____ Phone # _____

Doctor: _____ Phone #: _____

Hospital: _____ Phone #: _____

CONSENT TO TREAT:

In the event of an emergency (illness or accident) an attempt will be made to contact you, the alternate persons listed, or the doctor listed. If this fails, your child will be taken to the hospital listed if possible or the nearest hospital. A swim team representative will stay with your child until you or an alternate person assumes responsibility.

I agree with the above stated policy and release the TowneWest Swim Team from any liability. I hereby give permission to the physician selected by the Swim Team to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child.

Parent's Signature Date

SWIMMER'S RELEASE:

My son/daughter, _____, needs a ride to/from some/all of the away swim meets. I hereby release the TowneWest Swim Team and the sponsoring parents from all liability in connection with travel to/from all swim meets.

Parent/Guardian Signature _____ Date _____

THIS DOCUMENT MUST BE NOTARIZED:

State of Texas This document was acknowledged before me
County of Ft. Bend on _____, 20 _____

NOTARY'S SIGNATURE

2015

Team: TowneWest

SHRSL REGISTRATION AND RELEASE FORM (Complete One for Each Swimmer)

Swimmer Name _____
Last First M.I.
Address _____
City, State, Zip _____
Home Phone Number Email address
Sex Birth date (MM/DD/YYYY) Age (as of 05/31/15)

Amateur Athletic Waiver and Release of Liability - Adult or Minor

In consideration of being allowed to participate in the Southwest Houston Recreational Swim League (hereinafter SHRSL) swimming program (in any manner) and related events and activities, the undersigned:

1. Agree that prior to participating, they each will inspect the facilities and equipment to be used, and if they believe anything is unsafe, they will immediately advise their coach or supervisor of such condition and refuse to participate.
2. Acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result from their own actions, inaction, or negligence of others, the rules of play, or the condition of the premises or of any equipment used. Further, there may be risks not known to us or not reasonably foreseeable at this time.
3. Assume all the foregoing risks and accept personal responsibility for the damages following such injury, permanent disability or death.
4. Release, waive, discharge and covenant not to sue SHRSL, their respective administrators, directors, agents, coaches, and other members of the organization, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the events, all of which are hereinafter referred to as Released Parties, from demands, losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the Released Parties or otherwise.
5. Agree to abide by all UIL/SHRSL rules and regulations governing coaches and UIL participation.

Parent/Guardian Signature _____ Date _____

Participant Signature _____ Date _____
(If 18 or older)

www.SHRSL.org

2015 TIDALWAVES PARENTS VOLUNTEER FORM

All parents: We need everyone to participate in some area to have a smooth running, successful year. Thank You so much!! Your children would not have a swim team without your help. With your help, they will have a fun, successful year!!!!

Parents Names: _____ Phone # _____

_____ Phone # _____

e-mail: _____

Swimmer(s) Name: _____ Age: _____, Name: _____ Age: _____

Name: _____ Age: _____, Name: _____ Age: _____

Section I: Preferred Work Areas:

___ Serve on the parent committee ___ Starter* ___ Stroke judge*

___ Set-up (Home & Away meets) ___ Scorekeeper ___ Timer

___ Clean-up (Home & Away meets) ___ Phone team ___ Heating benches

___ Concessions ___ Announcer

___ Team Mom *Require League training

Section II: I prefer to volunteer:

___ 1st half (approximately 4:00 - 7:30)

___ 2nd half (approximately 7:30 - 10:00)

Section III:

I will NOT be available to volunteer at the following meets/dates:

___ May 29th (mock meet) ___ June 8th (1st meet) ___ June 15th (2rd meet)

___ June 22nd (3rd meet) ___ June 29th (4th meet) ___ July 6th (5th meet)

___ July 9th (Prelims/Finals 10&U) ___ July 10th (Prelims/Finals 11&U)

___ July 14th (All Stars) (Timers and Certified Stroke Judges Only)

Please indicate previous swim team volunteer experience: _____

2015 TowneWest Swim Team Beginning Swimmer Policy

Beginning Swimmers will be accepted on the TowneWest Swim Team from ages **5** – **18** yrs. They will be taught to swim during the first month (April 27th – May 28th). They will practice with the team from 4:00 – 4:45 (ages 5-8), 4:45 – 5:30 (ages 9-12) or 5:30 – 6:30 (ages 13 –18) Monday – Friday with adult & teen-age instructors.

On May 29th they will participate in our Mock Meet. (Our team will swim so the coaches can record all of the swimmer's times.) Ten year olds and younger must be able to swim – any style they feel comfortable with – the full length of the lap pool with three or less stops (i.e. resting on the lane ropes, or sides of the pool). Eleven to 18 year olds must be able to swim two laps of the lap pool with three or less stops.

If they cannot complete their lap(s) that day, they will not be allowed to **practice** or **compete** with the team after May 29th but they will be given a “Certificate of Attendance at the TowneWest Beginner Swimmer Workshop” at the Mock Meet.

*** * No refunds will be given * ***

No discounts will be given if your swimmer cannot join the competition team or complete the full season for any reason.

* * 5 weeks of swim lessons for \$120.00 – is a terrific price. * *

Those that complete their lap(s) on May 29th will be mainstreamed into the competition team swimmers of their age group and will be instructed by our fabulous TowneWest Tidal Waves Coaches.

Equipo de Natacion 2015

Subdivisión TowneWest

Reglas para Nadadores Principantes

Estaremos aceptando nadadores para el equipo de Natacion de TowneWest De 5 a 18 años de edad. Se les enseñara a nadar durante (del dia 27 de April al 28 de Mayo). Los horarios son los siguientes: de 3:30 p.m. a 4:45pm (edades 5-8), 4:30 p.m. – 5:45p.m. (edades 9-12) o 5:30 p.m. – 6:45 p.m. (edades 13 – 18) de Lunes a Viernes con entrenadores adultos y adolescentes.

El 29 de Mayo todos los nadadores participaran en una competencia Simulada (solamente nuestro equipo estara en esta competencia, para que los entrenadores tomen el tiempo de cada nadador en diferentes categorias) Todos los nadadores de 10 años o menores tienen que poder nadar en el estilo que se sientan mas competentes - todo lo que es la longitud de la alberca con dos o menos paradas. (descansando en las cuerdas o a los lados de la alberca) de 11 a 18 años de edad todos los nadadores tienen que poder dar 2 o mas vueltas a la alberca con 3 o menos paradas.

Si alguno de los nadadores no puede terminar lo que es la longitud de la alberca para el dia 29 de Mayo, no se les permitira practicar o competir con el equipo por el resto de la temporada. Se les dara una camiseta del equipo y podran acompañarnos a las competencias para que le echen porras al equipo.

****No habra ningun reembolso****

-- No se hara ningun descuento si el nadador no termina la temporada---

***** 5 semanas de lecciones de natacion por el precio de \$ 120 dolares – es un precio increible.*******

Todos los nadadores que completen todos los requisitos arriba mencionados seran acomodados por grupos de acuerdo a su edad y seran entrados por nuestros fabulos entrenadores del equipo TownWest Tidal Waves.

Mucha suerte a todos!!!!!!!!!!!!