

**Columbia Aquatics Association
2009-2010 Registration Form**

Swimmer Last Name	Swimmer Legal First Name	Middle Initial	Date of Birth MM/DD/YYYY	Gender M/F	CA Number *	Shirt Size **	Group

*MUST INCLUDE CA NUMBER OF EACH SWIMMER – REGISTRATION WILL NOT BE PROCESSED WITHOUT IT
**T- shirt sizes: YL – youth large, AS – adult small, AM – adult medium, AL – adult large, AXL- adult extra large

Father First & Last Name	
Mother First & Last Name	
Mailing Street Address	
Mailing City, State & Zip	
Home Phone	
Cell Phone # 1	
Cell Phone # 2	
Email Address #1	
Email Address # 2	

PAYMENTS DUE WITH REGISTRATION

1. Swim Team Fees – Select Method of Payment

Option A - automatic monthly debit of Swim Team Fees. Complete the Monthly Deduction Agreement Form (page 3) and include a voided check. Fees are deducted on the 5th (or closest business day) of each month starting on Sept 5th thru July 5th.

OR

Option B - payment in full of all Swim Team Fees. 5% discount with this option.

CHOOSE ONE

Swimmer Name	Group	Option A	Option B
		Monthly Automatic Debit Payment (Payment Amount)	Annual Fees Paid In Full with 5% Discount (Payment Amount to Columbia Association)

2. Team Registration Fee (non refundable) - \$50.00 per swimmer payable to Columbia Association

3. Escrow Deposit - \$100 per swimmer payable to Columbia Aquatics Association

Payments for #1 and # 2 may be combined in ONE check,

Payment for #3 MUST BE MADE BY SEPARATE CHECK

For Office Use Only: Received _____ TM _____ EX _____ PR _____ Status _____

Parent Commitment – PLEASE SIGN & RETURN

Fees: I agree to pay all applicable fees when due and to keep a positive balance in my Escrow account.

Volunteer Commitment: I understand that I am **REQUIRED TO VOLUNTEER** at swim meets and team events. I agree to work a minimum of 3 meet sessions and maximum of 1 team social event during the 2009-2010 season. At least 2 of the required 4 volunteer sessions **MUST BE** completed by the end of February. There are volunteer opportunities for parents and swimmers 13 & older at each of the CAA hosted meets in Oct, Feb, and May. A listing of all volunteer opportunities for the season will be posted on the website at the beginning of the season.

IF I DO NOT MEET THIS COMMITMENT, I UNDERSTAND THAT MY SWIMMER(S) MAY NOT BE ALLOWED TO PARTICIPATE IN SWIM MEETS, PRACTICES, NOR WILL MY SWIMMER(S) BE GIVEN PRIORITY REGISTRATION FOR THE FOLLOWING SEASON.

USA Swimming Registration: I understand that my swimmer(s) are required to be registered with USA Swimming within 15 days of joining the team.

FAILURE TO FULFILL THESE OBLIGATIONS CAN RESULT IN DISMISSAL FROM THE PROGRAM AND/OR LOSS OF PRIORITY FOR THE NEXT SEASON REGISTRATION

Signature of parent or guardian: _____

Columbia Association – Practice Cancellation and Team Resignation Policies

Practices may be periodically canceled due to Swim Meets, Weather Conditions, Facility Issues, and Coach Availability. The Columbia Association Staff will do their best to correct any issues within their control and to find substitute coaches or alternate practice locations when possible. Refunds for canceled practices will not be given.

If a swimmer resigns from the team at any time, written notification must be provided to the Team Administrator via email (teamadmin@clipperswim.org) or through the US Mail to the Aquatics Office. The Team Administrator will notify CA and the Coaching Staff. Any swimmer who resigns from the team after October 15, 2009 will be charged an early termination fee of one month's swim team fees. Partial months will not be prorated. A review of Swim Team Fees and Escrow Account Balances will be done upon notification to determine any balances owed or refunds due.

Signature of parent or guardian: _____

Consent to Emergency Care

I understand the Clipper coaching staff will contact 911 if he or she deems it necessary. Furthermore, I understand that reasonable attempts to contact me at the telephone numbers listed on the registration form will be made. I hereby give my consent for the administration of any treatment deemed necessary.

Signature of parent or guardian: _____

In consideration of the acceptance of my child (ren) into the Clipper program, I, the parent and guardian of said child (ren) agree to indemnify Columbia Association, Inc. and Columbia Aquatics Association, Inc. and hold it safe and harmless from and against all loss, cost, damages, claims, actions or liabilities, on account of the death or injury to any person or the damage to or destruction of any property arising from or growing out of said child(ren's) participation in the Clipper program.

Signature of parent or guardian: _____

Monthly Deduction Agreement Form COMPLETE & RETURN

PLACE VOIDED CHECK HERE

Amounts to be deducted for each swimmer

Parent Last, First Name	Swimmer Last, First Name	CA Member Number	Monthly Amount to be Deducted

I HEREBY AUTHORIZE the Columbia Park and Recreation Association, Inc. to deduct the Monthly Fees due for the Clippers Swim Team from the account listed above beginning on September 5, 2009 and ending on July 5, 2010.

I understand that I am paying no finance charge for the credit provided but that a service charge will be assessed if ever my account is in arrears or if I fail to notify CA of banking changes in the month prior to the change.

CA will be notified on my behalf if the Monthly Fee must be changed due to a switch in assigned swim team groups or if notification of withdrawal from the team is received.

I understand that if I withdraw my swimmer from the team after October 15, 2009, I will be charged an early termination fee of one month's swim team fees.

Print Name

Signature

Date

Columbia Aquatics Association

CODE OF CONDUCT – COMPLETE & RETURN

All swimmers, coaches and parents are team members and representatives of the Columbia Aquatics Association Swim Team, the Clippers. Proper behavior by all team members has a positive influence on individual and team performance and reflects a strong image of our team.

As a swimmer/athlete member of the Clippers, I, agree to abide by the standards of conduct outlined below during the time I am participating with the Clippers throughout the 2009-2010 swimming year:

1. Team members will display proper respect and sportsmanship toward fellow team members, fellow competitors, coaches, officials, parents, facility staff, and the public at all times, including team practice sessions, meets and team social activities.
2. Team members will not engage in any inappropriate physical contact. Team members will not interact with another team member in a manner, which they would not be willing to use with any teammate of either gender.
3. Team members will not use obscene, profane, or abusive language in the presence of any swimmer, parent, coach, or official during or traveling to and from practices, meets, or team activities.
4. Team members will respect the personnel at all practice facilities and abide by all rules concerning use of those facilities.
5. Team members are prohibited from possession and use of illegal substances and/or use of tobacco and alcohol. Also, team members will not abuse prescription or non-prescription drugs.
6. Team members will refrain from all illegal or inappropriate behaviors that would detract from a positive image of the team or be detrimental to its performance objectives.
7. All swimmers will follow the directions of the coaching staff and/or chaperones when under team supervision.
8. In addition, Coaches of each practice group will determine disciplinary consequences for behavior during practice which does not create an environment that is conducive to a productive practice.
9. Failure to comply with this Code of Conduct may result in, but not necessarily be limited to, any of the following actions:
 - a. Swimmer restricted from participating in some or all team activities including practice, meets, and social activities.
 - b. Swimmer sent home from team practice sessions, meets or team social activities.
 - c. Swimmer suspended from the team.

Upon notification of any violation of the Code of Conduct, the coaches and/or the Clippers Parent Advisory Board shall investigate the circumstances of the violation (as necessary) and notify the swimmer and his or her parent(s). The swimmer shall promptly be given the disciplinary action decided upon for the violation.

_____	_____	_____
Parent Name	Parent Signature	Date
_____	_____	_____
Swimmer #1 Name	Swimmer #1 Signature	Date
_____	_____	_____
Swimmer #2 Name	Swimmer #2 Signature	Date
_____	_____	_____
Swimmer #3 Name	Swimmer #3 Signature	Date