

# Columbia Aquatics Association

9450 Gerwig Lane, Columbia MD 21046 410-381-0020

Dear Parents:

This packet contains placement and registration information for the 2010-2011 season. Information is printed on both sides of the packet. If you would like additional copies of the registration forms for your records, they can be found on the website. Please go to our website to register your email account with your new group. For Summer 2010, swimmers may practice with their current 09/10 group or with their new group placement for 10/11.

**Registration forms and payments are due no later than Monday, June 21, 2010.** Return forms and payment in the enclosed envelope. You may also come in to the Aquatics Office to turn in your forms and make payment. Please call first to make sure there is a Clippers Staff member in the office to receive your forms and payments.

**Sibling Discount** In previous years, a \$50 sibling discount was applied to the Swim Team Fees for the 2<sup>nd</sup>, 3<sup>rd</sup>, 4<sup>th</sup>, etc. swimmer in a family. This year, the discount is applied to the Team Registration for the applicable swimmers.

**Swimmer Placement Information** The coaching staff determines the group placement for each swimmer based on his or her ability, age, attendance, attitude, and commitment. Each year the practice group composition can change based on the overall level of the swimmers on the team and their continued commitment to the team.

**Important Dates** - Mark these dates on your calendar! More details to be announced via email and our website.

- Monday, June 21 Returning swimmer registration forms and payments due
- Aug 31 – Sept 2 Preseason workouts for Elite, Seniors, & Juniors – 6:30pm–8:30pm @ Hopewell Field & Pool
- Sept 1 **NEW** Parent Orientation - 7:30–8:30 pm @ TBD (parents only)
- Sept 1 & 2 Team Apparel try on – 4:30pm – 7:30pm @ Swim Center
- September 7 First day of practice!

## **Registration Forms**

- Page 1 Registration Letter
- Page 2 Swimmer Registration Information - – *complete & return*
- Page 3 Payment Information – *complete & return*
- Page 4 Parent Commitment Form – *complete & return*
- Page 5 Code of Conduct Form – *sign and return*
- Page 6 Monthly Deduction Form – *complete and return for payment (Option A ONLY)*

## **Payments Due**

- Payable to **COLUMBIA ASSOCIATION** – (*non refundable*) \$50 Team Registration Fee for 1<sup>st</sup> swimmer ONLY & Annual Swim Team Fees per swimmer (*for Option B ONLY*)
- Payable to **COLUMBIA AQUATICS ASSOCIATION** - \$100 Escrow Deposit per swimmer

We are looking forward to seeing your children on deck again this fall! Please feel free to contact us if you have any questions about the registration information.

See you at the pool!

*Head Coach – Jeff Scrivener*

*Team Administrator – Susan McDonald*

[jeff.scrivener@columbiaassociation.com](mailto:jeff.scrivener@columbiaassociation.com)

[teamadmin@clippersswim.org](mailto:teamadmin@clippersswim.org)

**2010-2011 COLUMBIA AQUATICS ASSOCIATION - SWIMMER REGISTRATION FORM**

**Complete for each participating swimmer (this replaces the USA Swimming Registration Form)**

REGISTRATION INFORMATION	SWIMMER #1	SWIMMER #2	SWIMMER #3
<b>Last Name</b>			
<b>Legal First Name</b>			
<b>Middle Initial</b>			
<b>Date of Birth</b> MM/DD/YYYY			
<b>Gender</b> M/F			
<b>Practice Group</b>			
<b>Shirt Size</b> YL, AS, AM, AL, AXL			
<b>US Citizen</b> Y or N (If NO indicate country)			
<b>Member of another FINA Federation</b> Y or N (If YES which)			
<b>DISABILITY</b> A, B, C, D A. Legally Blind or Visually Impaired B. Deaf or Hard of Hearing C. Physical Disability such as amputation, cerebral palsy, dwarfism, spinal injury, mobility impairment D. Cognitive Disability such as mental retardation, autism, severe learning disorder			
<b>RACE AND ETHNICITY</b> Q, R, S, T, U, V, W (only 2 choices) Q. Black or African American R. Asian S. White T. Hispanic or Latino U. American Indian & Alaska Native V. Some Other Race W. Native Hawaiian & Other Pacific			
<b>PARENT SIGNATURE - REQUIRED</b>			
<b>New to USA Swimming</b> Y or N – If <b>NO</b> complete below If <b>YES</b> – must provide copy of birth certificate or passport with registration paperwork			
Year Last Registered			
Club & LSC Code if registered With A Different USA Swimming Club In 2010			
Date Of Your Last Competition			
<b>For Office Use Only</b> – Batch #			

<b>Father First &amp; Last Name</b>	
<b>Mother First &amp; Last Name</b>	
<b>Mailing Street Address</b>	
<b>Mailing City, State &amp; Zip</b>	
<b>Home Phone</b>	
<b>Dad's Cell Phone</b>	
<b>Dad's Email Address</b>	
<b>Mom's Cell Phone</b>	
<b>Mom's Email Address</b>	

**2010-2011 COLUMBIA AQUATICS ASSOCIATION - 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 (pg 6) and include a voided check. Fees are deducted on or about the 5<sup>th</sup> of each month - Sept thru July.

**OR**

**Option B** - payment in full of Annual Swim Team Fees to Columbia Association – due at registration. 5% discount.

**CHOOSE ONE**

**Option A**

**Option B**

Swimmer First & Last Name	CA Number <i>MUST INCLUDE</i>	Group	Monthly Automatic Debit Payment <i>(Include Amount Below)</i>	Annual Fees Paid In Full <i>(Include Amount Below)</i>

**2. Team Registration Fee (non refundable)** - \$50.00 for 1<sup>st</sup> swimmer (\$0 for each additional swimmer) payable to Columbia Association

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

**SWIM TEAM FEES**

***Contact the Columbia Association Aquatics Office for Fee Information***

***For Office Use Only:***

Received \_\_\_\_\_ Annual Fee CK# \_\_\_\_\_ Reg Fee CK # \_\_\_\_\_ Escrow CK # \_\_\_\_\_  
 TM \_\_\_\_\_ EX \_\_\_\_\_ PR \_\_\_\_\_ Status \_\_\_\_\_

**2010-2011 Columbia Aquatics Association - 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 4 VOLUNTEER SESSIONS** during the 2010-2011 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.

I understand that if I have a swimmer participating in travel meets and championship meets where the team must provide volunteers, I may be required to complete additional volunteer sessions.

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.

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 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.

**Columbia Association – Team Resignation Policies**

If a swimmer resigns from the team at any time, written notification must be provided to the Team Administrator via email ([teamadmin@clippersswim.org](mailto:teamadmin@clippersswim.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, 2010 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:** \_\_\_\_\_

**2010-2011 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.

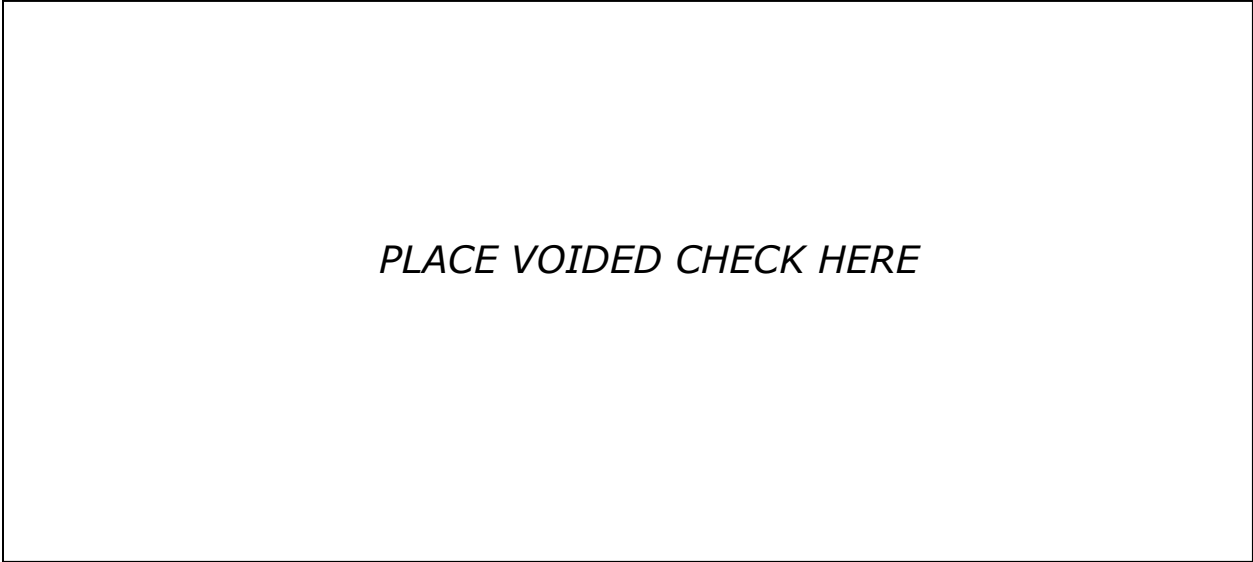
As a swimmer/athlete member of the Clippers, I, agree to abide by the standards of conduct outlined below during the time I am participating with the Clippers throughout the 2010-2011 swimming year:

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.

_____ <b>Parent Name</b>	_____ <b>Parent Signature</b>	_____ <b>Date</b>
_____ <b>Swimmer #1 Name</b>	_____ <b>Swimmer #1 Signature</b>	_____ <b>Date</b>
_____ <b>Swimmer #2 Name</b>	_____ <b>Swimmer #2 Signature</b>	_____ <b>Date</b>
_____ <b>Swimmer #3 Name</b>	_____ <b>Swimmer #3 Signature</b>	_____ <b>Date</b>

**2010-2011 Columbia Aquatics Association - Monthly Deduction Agreement Form**  
**COMPLETE & RETURN**



**Amounts to be deducted for each swimmer**

<b>Parent Last, First Name</b>	<b>Swimmer Last, First Name</b>	<b>CA Member Number</b>	<b>Monthly Amount to be Deducted</b>

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, 2010 and ending on July 5, 2011.

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, 2010, I will be charged an early termination fee of one month's swim team fees.

\_\_\_\_\_

Print Name

\_\_\_\_\_

Signature

\_\_\_\_\_

Date