

CARTER CENTER AQUATICS

Short Course Registration 2009-2010

Mail completed forms to: CCA Marlins 4254 Colonial Ave. Roanoke 24018

Parent or Guardian information- Please list both parents if applicable

Parent Last Name _____ First _____ Spouse: _____

Address _____ City _____ Zip _____

Home phone _____ Cell _____

Work # (mom) _____ (dad) _____

Parent email(required) _____ swimmer email(optional) _____

Swimmer information (please include ALL information for accurate registration)-use add'l page if necessary

1. Last Name _____ Middle Initial ____ First name _____ DOB _____ M / F
T shirt size: youth S M L XL Adult S M L XL
Group: _____ **Mini Marlins** (circle): Session I (Sept. 15-Dec. 17) Session II (Jan 5 – Mar 25)

2. Last Name _____ Middle Initial _____ First Name _____ DOB _____ M / F
T shirt size youth S M L XL Adult S M L XL
Group: _____ **Mini Marlins** (circle): Session I (Sept. 15-Dec. 17) Session II (Jan 5 – Mar 25)

Payment options (10% discount paid in full 10% discount for each additional swimmer)
Please indicate choices below

Group prices do not include the annual team registration fee of \$100 that must accompany registration form

Pay in full ___ 7 monthly payments ___ Check / Visa / MasterCard / Discover / Debit Card

Credit or Debit card number _____ EXP _____ Signature _____

CAC membership options (5% discount for year paid in full)- forms are located at the front desk

Single (1 swimmer) \$55 per month Family (2+ swimmers and parents) \$70/month

REGISTRATION AGREEMENT: I understand that all swimmers, regardless of level or ability are required to be registered with USA Swimming and to be Carter Athletic Center members to participate in the Marlins program. USA Swimming fees are paid by the team and are included in the annual fee. These registration fees are non-refundable. I also understand that if I choose to terminate my membership with CCA, I am responsible for all outstanding balances on my account.

PARENT SIGNATURE: _____



Medical Emergency Release Form

This form MUST be fully completed and signed. We are updating our record keeping system and need up-to-date information. Please do not simply write on the form, "See last year's" and return it.

Swimmer's Name _____ Date of birth _____
Address _____ City/Zip Code _____

Parents' Name _____ Phone _____
Address _____ City/Zip Code _____

Business Name _____ Phone _____

- Are you allergic to any medication? No Yes (list) _____
- Do you take any prescribed medications? No Yes (list) _____
- Have you ever had an epileptic seizure? No Yes (date) _____

- Do you have asthma? No Yes (inhaler) _____
- Have you been admitted to the hospital in the last three years? No Yes(reason for hospitalization) _____

- Do you wear contacts or prescription goggles while swimming? No Yes
- Have you ever had a shoulder injury? No Yes (what type) _____
- Have you ever had shoulder surgery? No Yes (date) _____
- Have you ever had knee problems? No Yes (what type) _____
- Have you broken or sprained/strained anything in the last three years? No Yes (describe) _____

- Have you been diagnosed with diabetes? No Yes
- Have you been diagnosed with hypoglycemia? No Yes
- Have you been diagnosed with ADD? No Yes (medication) _____
- Do you have any other conditions that we should be aware of? No Yes (list) _____

• Date of last tetanus and polio shots T _____ P _____

I/We, the parent(s) or authorized guardian of _____, do hereby authorize the head coach or any employee of North Cross School/CCA Marlins to consent on my/our behalf to any examination and/or medical or surgical diagnosis or treatment, including emergency or hospital care deemed advisable and rendered by a licensed physician, certified emergency medical personnel or other agent of either. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care but is given to provide advanced authority of such agents to consent to all such diagnosis and treatment. I/We acknowledge that I/we will remain responsible for the cost of such treatment.

Parent(s) Signature _____ Date _____

Insurance carrier _____ Policy No. _____

Name of policy holder _____ Identification No. _____



Swimmer Code of Conduct and Team Travel Policy

**Please read carefully and
sign one copy for our files, and keep another copy for your handbook.**

CODE OF CONDUCT

Every effort is made to provide a safe and wholesome environment for member of the CCA team. Team members, including parents and swimmers, will display respect and good sportsmanship toward coaches, officials, administrators, fellow competitors and the public. All questions swimmers or parents may have concerning meet results, an officiating call, or the conduct of a meet, should be referred to the CCA coaching staff only. Our coaches, in turn, will pursue the matter through appropriate channels. Disciplinary problems are ordinarily handled by our coaching staff as they arise, but on occasion further action is necessary to deal with serious disciplinary problems. For those times, we have a Disciplinary Board whose responsibility is to determine appropriate consequences for inappropriate behavior.

Serious disciplinary problems include, but are not limited to, the following: Offenses against others (including unsportsmanlike conduct); offenses against property; possession or use of alcohol, tobacco, or controlled substances; possession of dangerous items; misuse of a motor vehicle; and leaving supervised areas on team trips. Any form of dishonesty, lying, cheating, or stealing, is considered a serious disciplinary violation, as are flagrant or repeat violations of team rules and travel policies. Serious disciplinary problems may result in suspension, dismissal, or expulsion from CCA activities.

Suspension means that the swimmer will be separated from the team for a specific period of time, during which the swimmer will be ineligible to participate in any CCA functions. A suspended swimmer may rejoin the team without formal application. Dismissal means that the swimmer will be ineligible for the remainder of one entire swim year. A dismissed swimmer may reapply for admission to the team after one year. Expulsion means that the swimmer is permanently banned from CCA and may not return.

TRAVEL POLICIES

Parents and swimmers agree to abide by all CCA travel policies. Without limitation, a parent or chaperone must be present in each hotel room occupied by swimmers ages 14 and under at "away" meets. Parents of swimmers ages 15 and older who are traveling alone must designate another parent who will be in the hotel as the responsible party for their child, and the parent of the swimmer must so inform the swimmer's coach. Male swimmers are not allowed in female swimmers' hotel rooms, nor are female swimmers permitted in male swimmers' rooms unless a chaperone/coach has granted permission (i.e. for a small group to watch a movie). Chaperones must agree to fulfill their responsibilities to the swimmers entrusted to their care and to the other chaperones and coaches. Swimmers may not be chaperones. Violation of these rules will result in disciplinary action, including the possibility of the swimmer being sent home from the meet at the expense of the swimmer's family.

Swimmer _____

Date _____

Parent _____

Date _____



PERMISSION FOR INCLUSION IN TEAM EMAIL/TELEPHONE DIRECTORY

I give my permission to have the following information included in a team directory to be distributed to each family:

Name of Swimmer

Age of Swimmer

Group (Senior Elite, Senior, Junior Elite, Junior, Mini Marlins)

Name of Parents

Email address

Home telephone number

The purpose of the team directory is to foster better communication between swimmers and parents within the respective groups and the team as a whole. Use of the team directory for solicitation purposes is strictly forbidden. Anyone using the team directory for purposes other than those concerning CCA Marlins swimming will be referred to the Advisory Board.

Name of Swimmer(s) _____

Signature of parent _____

Date _____

FINANCIAL OBLIGATIONS FOR CCA MEMBERSHIP

Fee Schedule: (Short Course Season, seven months)

Senior Elite:	\$1,029
Senior:	\$ 840
Junior Elite:	\$ 728
Junior:	\$ 560
Mini Marlins	\$ 250 per session

Payment options: Dues are billed monthly to each family. Meet fees and monthly training fees are reflected in this bill.

Families wishing to pay the entire season fees in full will receive a 10% discount. These fees are **non-refundable (past September 28th)** if this option is selected.

Multiple Swimmer Discounts: Families with more than one swimmer enrolled will receive 10% off the lesser training fees for each swimmer after the first one.

Registration Fee:

Annual fee per swimmer:	\$ 100 for the first swimmer
	\$ 85 for each additional swimmer

This fee includes membership/registration to USA Swimming (required for all swimmers), team cap, team t-shirt and administrative fees. Once these fees are paid to USA Swimming on behalf of all CCA Swimmers, they **cannot be refunded** if the swimmer(s) choose(s) to leave the team.

Carter Athletic Center (CAC) Memberships: All swimmers/families are required to be members of the CAC. Please see the front desk staff to fill out your registration for membership.

Fees: Single (one swimmer): \$55/month Family: \$70/month.