



TIGER SHARKS



LANDER SWIM CLUB PERSONAL INFORMATION for year 2011-2012

This form is to be updated annually and kept on file at the pool for emergency purposes.

Swimmer's Name (full legal) _____ Nickname _____ Gender _____

Date of Birth _____ Home Phone _____ Cell Phone _____

Email #1 _____ Athlete ID _____

Mailing Address _____ City _____ ST _____ Zip _____

Mother _____ Work Phone _____ Cell Phone _____

Address _____ Employer _____ Occupation _____

Father _____ Work Phone _____ Cell Phone _____

Address _____ Employer _____ Occupation _____

*Guardian _____ *Spouse _____ *Email #2 _____

Emergency Contact Name(s) _____ Phone #1 _____ Phone #2 _____

Relationship to Swimmer _____ Doctor or Clinic _____ Phone _____

Allergies _____

Medical Conditions _____

Medications _____ Contact Lens? _____

If a sudden illness or injury requiring medical attention should occur, I authorize Lander Swim Club representatives to seek emergency medical treatment for the swimmer listed above.

Signature of Swimmer (if over age 18), Parent or Guardian

Date

- I agree to pay the USA Swimming registration fee before actively participating in the Lander Swim Club.
- I agree to pay the non-refundable dues at the beginning of each session or per-month fee by the 10th of each month. The months will not be pro-rated. Failure to pay will result in a penalty fee and/or the swimmer will not be allowed to participate with the club.

Signature of Swimmer (if over age 18), Parent or Guardian

Date



TIGER SHARKS

LANDER SWIM CLUB



CODE OF CONDUCT

Participation as a member of the Lander Swim Club is a privilege that comes with certain obligations and expectations. The following points of conduct are the baseline expectations the club has of its member athletes.

- 1. Swimmers are encouraged to support their teammates at practices and competitions. Working together as a unit for the benefit of all individuals in the group is an important part of the Lander Swim Club experience.**
- 2. Lander Swim Club swimmers are expected at all times to follow the verbal directions of the coaching staff. At no time will disrespectful attitudes be tolerated from any swimmer. The penalty for this is that you will be asked to leave the workout until the coach determines that you may return.**
- 3. Inappropriate language (swearing or derogatory comments), lying, stealing, vandalism and physical violence and/or intimidation are intolerable. These behaviors are detrimental enough to the group to warrant strict disciplinary action, up to termination and expulsion from the club.**
- 4. Any and all illegal substances (i.e. alcohol in the possession of minors, drugs, tobacco) that are in possession or consumed while participating in a Lander Swim Club activity may result in a 30 day suspension from the club. Second offenses may result in termination expulsion from the club.**
- 5. Parents and swimmers must show restraint and self discipline during swimming competitions. The officials are not to be bothered or approached. Disruptive parents and swimmers may be asked to leave.**

Failure to sign this document and return it to the coach will result in suspension from the club until it is signed.

Signature of Swimmer

Signature of Parent(s) or Guardian(s)

Signature of Parent(s) or Guardian(s)

Date



**2012 ATHLETE REGISTRATION APPLICATION
LSC: WYOMING SWIMMING**

REGISTRATION DATE
OFFICE USE ONLY

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PLEASE PRINT LEGIBLY • COMPLETE ALL INFORMATION:

LAST NAME _____ LEGAL FIRST NAME _____ MIDDLE NAME _____

PREFERRED NAME _____ DATE OF BIRTH MO. DAY YR. SEX (M-F) AGE CLUB CODE NAME OF CLUB YOU REPRESENT _____

FATHER/GUARDIAN LAST NAME FATHER/GUARDIAN FIRST NAME MOTHER/GUARDIAN LAST NAME MOTHER/GUARDIAN FIRST NAME

MAILING ADDRESS _____

CITY STATE ZIP CODE _____

AREA CODE TELEPHONE NO. FAMILY/HOUSEHOLD E-MAIL ADDRESS _____

U.S. CITIZEN? YES NO
 ARE YOU A MEMBER OF ANOTHER FINA FEDERATION? YES NO
 IF YES, WHICH FEDERATION: _____

- DISABILITY:**
- 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, severe learning disorder, autism
- RACE AND ETHNICITY** (You may make up to two choices if appropriate):
- 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 Islander

MAKE CHECK PAYABLE TO:
**YOUR LOCAL SWIM TEAM
 UNATTACHED - WY SWIMMING**

MAIL APPLICATION & PAYMENT TO:
 Mike or Ellen Gashler
 6224 Pawnee Avenue
 Cheyenne, WY 82009
 Email: mgashler@aol.com
 307-632-2460 • Fax: 307-632-2460

REGISTRATION FEE	
USA Swimming Fee	\$48.00
LSC Fee	5.00
TOTAL DUE	\$53.00

YEAR LAST REGISTERED: _____. IF YOU REGISTERED WITH A DIFFERENT USA SWIMMING CLUB IN 2010, ENTER THAT CLUB CODE: _____ LSC CODE: _____ AND THE DATE OF YOUR LAST COMPETITION REPRESENTING THAT CLUB: ____/____/____

HIGH SCHOOL STUDENTS - Year of high school graduation: _____

USA Swimming occasionally makes its membership list available to its marketing partners. Please notify USA Swimming's Member Services Dept. at 719/866-4578 if you do not wish to receive these mailings.

Check if you would like to learn more about the USA Swimming Foundation's initiatives

Check if you would like to receive the electronic USA Swimming Newsletter (must be 13 years of age or older)

SIGN _____
 HERE X SIGNATURE OF ATHLETE, PARENT OR GUARDIAN

LANDER SWIM CLUB 2011-2012 Season

Please designate which days your athlete intends to practice. Return this paper along with your registration forms.

NAME _____ GROUP _____

MONDAYS TUESDAYS WEDNESDAYS THURSDAYS

GROUP / SESSIONS	MONDAY	TUESDAY	WEDNESDAY	THURSDAY
Learn to Swim or * Lane 1	3:30-4:30 4:30-5:30	None None	None None	3:30-4:30 4:30-5:30
White Group	3:30-4:30	None	None	3:30-4:30
Red Group	4:30-5:30	6:00-7:30	6:00-7:30	4:30-5:30
Blue Group	4:30-5:30	6:00-7:30	6:00-7:30	4:30-5:30
Green Group	3:30-5:30	6:00-7:30	6:00-7:30	3:30-5:30
Masters Group	4:30-5:30	6:00-7:30	6:00-7:30	4:30-5:30

*Lane 1 swimmers are those athletes who are transitioning from Learn-to-Swim to the lanes. Coaches determine which athletes can participate in Lane 1.

When Lane 1 swimmers have the strength and focus to move to the White Group, they must practice during the White Group's practice times.

Click "Print Form" once you've completed all three pages. Sign the hard copies and bring with you to Lander Swim Club practices to register.

Click "Reset Form" to clear all entries.



LIABILITY RELEASE AND INDEMNIFICATION FORM

I, the undersigned participant and parent, request voluntary participation for minor to participate in all events, which are hereinafter referred to as the "activities," sponsored by LANDER SWIM Club, USA Swimming and its local swimming committees. This agreement is valid while the participant is a member of USA Swimming.

I consent to my/minor's participation in the activities and acknowledge that the minor and I fully understand my/minor's participation may involve risk of serious injury or death, including losses which may result not only from my/minor's own actions, inactions or negligence, but also from the actions, inactions, or negligence of others, the condition of the facilities, equipment, or areas where the event or activity is being conducted, and/or the rules of play of this type of event or activity. I understand that if I have any risk concerns, I should discuss the risks associated with my participation with the activity coordinators and event staff, before I sign this document and before any activities begins.

Release – Minor's Rights:

In consideration of allowing Minor Participant to participate in the activities, I hereby release and hold harmless LANDER SWIM Club, USA Swimming and its local swimming committee and their members of its board of directors, officers, employees, volunteers, other participants, and agents (collectively, the "Released Parties"), of and from, and do discharge and waive, any and all claims, demands, losses, damages, and liabilities that Minor Participant may have or sustain with respect to any and all damage and/or injury, of any type, arising out of his or her participating in the activities. I also agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

(Print name of minor)

(Signature of minor)

(Date)

Release – Parents'/Guardians' Rights:

In consideration of allowing Minor Participant to participate in this USA Swimming event, I hereby release and hold harmless the Released Parties, of and from, and do discharge and waive, any and all claims, demands, losses, damages, and liabilities that I may have or sustain with respect to any and all damage and/or injury, of any type, arising from Minor Participant's participation in the activities. I also agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

I certify that my/minor is in good health and have no physical condition that would prevent participation in this activity. Furthermore, I agree to use my/minor's personal medical insurance as a primary medical coverage payment if accident or injury occurs. I consent to emergency medical treatment in the event such care is required.

(Print name of Parent/Guardian)

(Signature of parent)

(Date)

Indemnification by Parent/Guardian:

The undersigned parent/guardian further agrees to indemnify, save and hold harmless the Released Parties from any and all claims, demands, losses, damages and liabilities for indemnities, contribution or otherwise with respect to any damage and/or injury, of any type, arising from Minor Participant's participation in the activities. The undersigned also agrees that this Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement extends to all acts of negligence by the Releasee and is intended to be as broad and inclusive as is permitted by the laws of the State in which the Event(s) is/are conducted and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

(Print name of Parent/Guardian)

(Signature of parent)

(Date)