



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Caroline Orcas Swim Team

INTRODUCTION:

The Caroline Orcas Swim Team is a member of the Rappahannock Swim League (RSL), a summer recreational swim league ([Http://www.rslswimming.com](http://www.rslswimming.com)). Approximately 2,500 swimmers compete on 25 teams in the RSL's four divisions: Battlefield, American, National, and Patriot. 2017 will be the Caroline Orcas second year competing. Each team will have 6 meets against the teams in their division. The 2017 season will run from May 30, 2017 until our Finals Meet on August 5, 2017.

SWIMMER FEES

Non-members must pay a \$45 student membership fee at the time of registration. The fee covers access to the YMCA facilities for June, July, and August.

Number of Children	Payment amount until June 3rd	Payment amount after June 3rd
First child	\$110 per swimmer	\$120 per swimmer
Additional child(ren)	\$85 per additional swimmer	\$95 per additional swimmer

MEET INFORMATION

June 15th	Mock Meet
June 21	Home V. Lake Wilderness
June 28	Home V. Lake of the Woods
July 5th	Away @Country Club
July 10th	Home V. Idlewild
July 13th	Away V. Grafton
July 19th	BYE
July 25th	Away @Eden Estates
August 5- FINALS Jeff Rouse Center	

Swimmers are required to arrive at the pool at 4:30 pm for all home meets and 5pm for away meets. Warm-ups begin at 5pm. The competition begins at 6pm and should end by 10:30pm. Rain dates will usually be the next day. **It is very important you notify us if you plan on missing a**

meet. Notifications should be done *at least* three days prior to a meet. When swimmers do not show up for a meet as scheduled, we lose the chance to score points and an opportunity for another swimmer to participate in that event.

SWIM PRACTICE

All practices are held at the Caroline Family YMCA. Practice will begin May 30th. We recognize that not all of our swimmers will be from Caroline County. As result, some swimmers may not be able to attend our regularly scheduled practice. We encourage swimmers to attend as many practices as possible. Our practice times will be as follows:

Monday, Wednesday, Friday- AM Practice
11 and up: 7:30 AM-8:30 AM
10 and under 8:15 AM- 9:00

Tuesday, Thursday- Evening Practice
11 and up: 7:30 PM-8:30PM
10 and under: 7:00 PM-7:45PM

Swimmers 12 and under may attend practice without a parent or guardian present, however all participants must be dropped off and picked up on the pool deck by a parent, guardian or responsible party designated by the parent or guardian. There will be no practice on meet days.

SWIM TEAM REQUIREMENTS

Participants must be able to swim 15 yards of freestyle or backstroke **WITHOUT** stopping, or grabbing the lane line. Please note: Swim team is not a swim lesson program. Therefore, participants must be able to swim in deep water comfortably and have a basic knowledge of the components of swim team. The head coach reserves the right to ask that a child be placed in swim lessons in order to improve his or her skills before being admitted to the swim team. Only swimmers capable of swimming 25 yards (10 and under) or 50 yards (11 and up) will be entered in swim meets.

SWIMMER GEAR

It is important your swimmers wear appropriate swim suits for practice. While swim trunks may be fashionable for young swimmers, the drag caused by them increases the difficulty of a practice. We recommend racing swimsuits be worn for all swimmers. Each swimmer should also have goggles, a swim cap, and a water bottle to stay hydrated. Swim fins are also recommended for novice swimmers in order to help your swimmer gain endurance. Kick boards are provided by the team.

PARENT TRAINING

There are six positions which require RSL Clinic Training:

- Referee
- Stroke and Turn
- Starter
- Clerk of Course
- Head Timer
- Scorer.

Because we cannot run a meet unless those positions are filled, we require one parent from each family to be trained in these critical positions. Training opportunities will be available throughout May and June. More information will be communicated about these dates as they become available.



ation of the responsibilities for these positions can be found on our website at www.sites.google.com/view/carolineorcas/.

mail carolineorcas@gmail.com for any questions or concerns.

Y Staff

Date: _____

Amt Pd _____

Receipt# _____

Parent Information

PARENT/GUARDIAN INFORMATION

Name _____

Address: _____ Zip code: _____

Home Telephone number (_____) _____ Cell phone (_____) _____

E-mail: this is the coach's way of communicating with you

This is required. ALL communication is done via e-mail

PARENTAL INVOLVEMENT

You, as parents, are part of this swim team! In order for us to have a successful swim meet, your participation is required to staff the many positions needed to run the meet. ***We, therefore, require all parents to attend one training session and be certified in one area.*** You may be required to work every meet in which your child is scheduled to swim (depending on the number of families on the team). Because we cannot run a meet without your help, failure to participate will result in your child not competing. Please initial that you have read and agree to follow the parental involvement rules _____

Please refer to the attached sheet for full job descriptions and training responsibilities.

Signature of Parent/Guardian

Date

PARENT SWIM MEET SIGN UP

All families are required to provide one volunteer for **each meet plus finals for children to be eligible to swim.**

Indicate your 1st, 2nd and 3rd choice below.

These positions require training. The dates, times and locations of these training sessions are listed above or on the RSL website www.rslswimming.org

Job	Preference	Previous Experience?	Parents name
Referee			
Starter			
Stroke & Turn			
Data Entry			
Clerk of Course			
Head Timer			

PAYMENT SCHEDULE:

I wish to pay in full _____

I wish to pay in 3 monthly installments _____

The first payment is due at registration. Remaining payments will come out May 1st and June 1st

Swimmer Information

Only children from your household may be entered on this form

	Childs first name	Middle Initial	Childs last name	D.O.B	Age	M/F
1						
2						
3						
4						

MEDICAL INFORMATION

Please list any health/medical information or special problems:

I have given consent for my children to participate in the above program. I affirm that the general health of the participant is good, and that they have had a physical within the last calendar year and will not be affected by the physical requirements of the program. I understand that there are risks associated with this activity and I agree to hold the Rappahannock Area YMCA, Inc. harmless in case of an accident or injury. I have indicated on the line above of any special needs or medical conditions that the YMCA should be aware of. I realize that the YMCA has the right to require a physician's approval to participate if my child has medical conditions or special needs.

Signature of Parent/Guardian

Date

The free swim cap is latex. Is your child allergic to latex? Yes No

PHOTOGRAPHY CONSENT FORM

I hereby grant full permission to the Caroline Family YMCA to use either my photograph or my child's photograph in any publication or advertising materials (printed or electronic) for the purpose of promotion and publicity of the Caroline Family YMCA.

Signature of Parent/Guardian

Relationship to Child (if applicable)

CANCELLATION POLICY

NO refunds or credits given.

Sign here to say you understand the no refund policy _____

WAIVER/RELEASE OF LIABILITY

PLEASE READ CAREFULLY BEFORE SIGNING.

I, _____, the enrolled participant, and I, _____, the parent/guardian of the participant (if the participant is under the age of 18), agree and understand that swimming is a HIGH RISK ACTIVITY. I/We recognize that there are risks inherent in the sport of swimming, which could result in (but not be limited to) paralyzing injuries and death.

The participant hereby agrees to participate in the Rappahannock Swim League program and hereby agrees to indemnify and hold harmless the Rappahannock Swim League, Inc., its coaches, officers, directors, agents, volunteers and employees, including its swim teams, and their respective coaches, officers, directors, agents, volunteers and employees against any liability resulting from an injury that may occur to the participant while participating in the Rappahannock Swim League program. The participant also agrees to indemnify the Rappahannock Swim League, Inc. and the Caroline Orcas Swim Team from any liabilities, demands, claims, or law suits arising from the actions or inactions of the participant.

The participant and the parent/guardian of the participant as required authorize any representative of the Rappahannock Swim League, Inc. or the Caroline Orcas Swim Team to have the participant treated in any medical emergency during their participation in the Rappahannock Swim League program. Further, the participant and the parent/guardian agree to pay all costs associated with medical care and transportation of the participant.

At least one parent/guardian MUST be present when their child is competing in a meet.

I have noted above any medical/health problems of which the staff should be aware.

I HAVE CAREFULLY READ THE ABOVE LIABILITY RELEASE AND SIGNED IT WITH FULL KNOWLEDGE OF ITS CONTENTS AND SIGNIFICANCE.

Parent/Guardian; required for minor participants

Date

Participant (if 18 years of age)

Date