



**Today's Date:** \_\_\_\_\_

**Swimmer Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_  
 Birthdate: \_\_\_\_\_ Age as of May 31, 2011: \_\_\_\_\_ Grade: \_\_\_\_\_  
 M / F T-shirt Size: \_\_\_\_\_ Swimmer Email : \_\_\_\_\_  
 Allergies: \_\_\_\_\_ Medications: \_\_\_\_\_  
 Medical Conditions: \_\_\_\_\_

**Additional Swimmer**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_  
 Birthdate: \_\_\_\_\_ Age as of May 31, 2011: \_\_\_\_\_ Grade: \_\_\_\_\_  
 M / F T-shirt Size: \_\_\_\_\_ Swimmer Email : \_\_\_\_\_  
 Allergies: \_\_\_\_\_ Medications: \_\_\_\_\_  
 Medical Conditions: \_\_\_\_\_

**Additional Swimmer**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_  
 Birthdate: \_\_\_\_\_ Age as of May 31, 2011: \_\_\_\_\_ Grade: \_\_\_\_\_  
 M / F T-shirt Size: \_\_\_\_\_ Swimmer Email : \_\_\_\_\_  
 Allergies: \_\_\_\_\_ Medications: \_\_\_\_\_  
 Medical Conditions: \_\_\_\_\_

**Additional Swimmer**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_  
 Birthdate: \_\_\_\_\_ Age as of May 31, 2011: \_\_\_\_\_ Grade: \_\_\_\_\_  
 M / F T-shirt Size: \_\_\_\_\_ Swimmer Email : \_\_\_\_\_  
 Allergies: \_\_\_\_\_ Medications: \_\_\_\_\_  
 Medical Conditions: \_\_\_\_\_

**Parent or Guardians**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
 Email: \_\_\_\_\_ Alt. Email: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Subdivision: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Day Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

**Emergency and Medical Release Information**

Name: \_\_\_\_\_ Day Phone#: \_\_\_\_\_ Evening Phone #: \_\_\_\_\_  
 Name: \_\_\_\_\_ Day Phone#: \_\_\_\_\_ Evening Phone #: \_\_\_\_\_  
 Physician: \_\_\_\_\_ Phone#: \_\_\_\_\_ Hospital of Choice: \_\_\_\_\_  
 Insurance Provider: \_\_\_\_\_ Group/ID#: \_\_\_\_\_ Phone#: \_\_\_\_\_

**Note (Circle One)**

Current USA (year round) Swimmer? Yes No Team Name: \_\_\_\_\_  
 Can we publish your telephone/e-mail for team phone list? Yes No

## WAIVER AND RELEASE

I, the parent/guardian of the swimmer, a minor ("child"), recognize the possibility of physical injury associated with swimming and swimming pools. In consideration for the Shenandoah Shark Swim Team accepting the child for its swim programs and any related activities (the "Programs"), I hereby release, discharge and/or otherwise agree to indemnify the Shenandoah Sharks Swim Team, its coaches, board members, volunteers, the City of Shenandoah and any affiliated organizations and sponsors, their employees and associated personnel, including owners of pools and facilities utilized for the Programs, against any claim by or on behalf of the swimmer/child and other children (child) or parents/guardians as a result of the child's attendance at or participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize.

**Name:** \_\_\_\_\_ **(Parent/Legal Guardian – Please Print)**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Shenandoah Sharks Swim Team may post team photos on the [www.shenandoahsharks.com](http://www.shenandoahsharks.com) website and/or submit to local newspapers. These photos include various team activities and may include identifying information (name/age) for the newspapers. I understand that by signing below, I give the Shenandoah Shark Swim Team permission to post these photos.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## CONSENT FOR MEDICAL TREATMENT

As the parent or legal guardian of the below named swimmer(s) / registrant, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well being of my dependent.

**Swimmer(s) Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent / Legal Guardian Signature:** \_\_\_\_\_

## NORTHWEST AQUATIC LEAGUE WAIVER & INDEMNITY

Acceptance of my entry and participation in the events of the Swim Team is without responsibility of any kind by the Northwest Aquatic League (NWAL), of the Swim Team or any other entity sponsoring a related event; I do hereby for and on behalf of myself, and my heirs and legal representatives, RELEASE and forever discharge the NWAL, its officers, directors, representatives, coaches and volunteers from any and all claims, demands, and injuries howsoever arising, which injuries may be in any way related to my activities as a member of the Swim Team and any period traveling to or from the events described, and all such claims are hereby WAIVED and RELEASED, and I agree not to sue therefore. The parent or guardian by signing below does hereby agree to INDEMNIFY and HOLD HARMLESS the NWAL and its officers, directors, coaches, representatives and volunteers and the sponsoring swim club from any liability which may incur to the participant; however arising and whether caused by the negligent acts of the NWAL, its officers, directors, coaches, representatives, volunteers or the sponsoring swim club.

**SWIMMER'S NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_

## NORTHWEST AQUATIC LEAGUE PARENT/COACH CODE OF CONDUCT

Children's sports are supposed to be fun-for the *children*. Unfortunately, many parent, fans and coaches don't realize that their actions, whether verbal or nonverbal, can have a lasting emotional effect on children. Too many children are leaving sports activities because the fun is unfairly taken away by adults. This following **Code of Conduct** is for parents and spectators to abide by at every practice and meet.

**Preamble:** The essential elements of character building and ethics in sports are embodied in the concept of sportsmanship and six core principles: trustworthiness, respect, responsibility, fairness, and caring and good citizenship. The highest potential of sports is achieved when competition reflects these "six pillars of character."

I therefore agree:

1. I will not force my child to participate in sports.
2. I will remember that children participate to have fun and that the sport is for youth, not adults.
3. I will inform the coach of any physical disability or ailment that may affect the safety of my child or the safety of others.
4. I will learn the rules of the sport and the policies of the league.
5. I (and my guests) will be a positive role model for my child and encourage sportsmanship by showing respect and courtesy, and by demonstrating positive support for all swimmers, coaches, officials and spectators at every meet, practice, or other sporting event.
6. I (and my guests) will not engage in any kind of unsportsman-like conduct with any official, coach, player, or parent such as booing and taunting; refusing to shake hands; or using profane language or gestures.
7. I will not encourage any behaviors or practices that would endanger the health and well being of the athletes.
8. I will teach my child to play by the rules and to resolve conflicts without resorting to hostility or violence.
9. I will demand that my child treat other players, coaches, officials and spectators with respect regardless of race, creed, color, sex or ability.
10. I will teach my child that doing one's best is more important than winning, so that my child will never feel defeated by the outcome of a race or his/her performance.
11. I will praise my child for competing fairly and trying hard, and make my child feel like a winner every time.
12. I will never ridicule or yell at my child or other participants for making a mistake or losing a competition.
13. I will emphasize skill development and practices and how they benefit my child over winning. I will also de-emphasize meets and competition in the lower age groups.
14. I will promote the emotional and physical well being of the athletes ahead of any personal desire I may have for my child to win.
15. I will respect the officials and their authority during meets and will never question, discuss, or confront coaches or officials at the meets, and will take time to speak with them at an agreed upon time and place.
16. I will demand a sports environment for my child that is free from drugs, tobacco, and alcohol and I will refrain from their use at all sports events.
17. I will refrain from coaching my child or other players during meets and practices, unless I am one of the official coaches of the team.

**I also agree that if I fail to abide by the aforementioned rules and guidelines, I will be subject to disciplinary action that could include, but is not limited to the following: Verbal warning by official, head coach and/or head of league organization, written warning, parental meet suspension with written documentation of incident kept on file by organizations involved, meet forfeit through the official or coach and/or parental season suspension.**

**Parent/Guardian signature** \_\_\_\_\_

**Swimmer(s) Name(s)** \_\_\_\_\_

The basis for this code of conduct is produced by the National Youth Sports Safety Foundation.

# City of Shenandoah Swimming Pool 2011 Membership Application

**City Resident Memberships are \$50.00 per family**  
Non-resident Memberships are \$75.00 per family  
*\*\*checks payable to City of Shenandoah*

## Applicant Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

## List Names of Family Members Who Will Be Using The Pool:

Name: \_\_\_\_\_ M | F Age: \_\_\_\_\_

Name: \_\_\_\_\_ M | F Age: \_\_\_\_\_

Name: \_\_\_\_\_ M | F Age: \_\_\_\_\_

Name: \_\_\_\_\_ M | F Age: \_\_\_\_\_

Name: \_\_\_\_\_ M | F Age: \_\_\_\_\_

Name: \_\_\_\_\_ M | F Age: \_\_\_\_\_

## List an Emergency Contact Person NOT Living With You:

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

Receipt # \_\_\_\_\_

Taken By: \_\_\_\_\_

Date Pool Manager Notified: \_\_\_\_\_