



Join the U City Swim Club for Summer Fun at the Pool

Tuesdays and Thursdays, June 7 – July 28, 2011

JUNE: University City High School Natatorium,
7420 Shaffesbury Avenue, St. Louis, MO 63130
6:30 pm – 7:30 pm, Tuesday and Thursday

JULY: Heman Park Pool
7210 Olive, St. Louis, MO 63130
7:00 pm - 8:00 pm, Tuesday and Thursday

Friends & Fun • Fitness • Skill Development & Mastery • Trained Coaches

Keep your child safe around water. Summer is the perfect opportunity to improve swimming skills, and discover a life-long love of water and fitness. Our USA Swimming Certified Coaches will guide your child with appropriate age group stroke instruction and lap swimming. Many children continue to swim with us during our indoor season. Summer program is recommended for ages 8 - 17.

Stroke Development: (1 hour sessions, *Practices are two times a week.*)

Designed for swimmers able to safely swim above water, but still developing basic swim strokes. Must be able to swim at least 25 yards. *These are not learn- to-swim lessons.* Coaches determine placement.

Swim Fees: **\$60/mo**, USA Swimming Fee **\$30** (for non-members)

Age Group Development: (1 hour sessions, practices are two times a week.)

For swimmers able to swim 50 yards without stopping. Reasonable proficiency in freestyle and some backstroke is required. Coaches determine placement.

Swim Fees: **\$60/mo**, USA Swimming Fee **\$30** (for non-members)

All youth swimmers must be current member of USA Swimming or join as an athlete member. A seasonal membership is available.

Practices during June will be held at the U City High School Natatorium. No pool entrance fee is required. If family members wish to watch please do so in the bleacher area.

Practices during July will be held at Heman Park Pool. Arrangements have been made so that family members are welcome to observe, but anyone entering the water must purchase a swim pass. For information on rates and options for pool passes please call Centennial Commons at 314-505-8625.

For additional information please email info@universitycityswimclub.com or visit our website at www.universitycityswimclub.com.

UCSC Summer Swim Program – 2011 Registration Form

Child's Last Name _____ First Name _____

Middle Name _____

Birth Date _____

Parent/Guardian Name _____

Address _____

Email _____ (announcements made using your email address provided)

Telephone (Home) _____ (cell) _____

Emergency Contact (Name) _____ (phone) _____

No refunds for missed practices. An injured athlete unable to swim may ask for a refund if accompanied by a doctor's note.

Please check the months you will be attending and the group.

JUNE \$60

JULY \$60

If not a current member of USA Swimming please complete the Seasonal USA Swimming form:

My child is a current member of USA Swimming. *Please provide a copy of your membership card if not a member with U. City Swim Club.*

My child is joining USA Swimming for the summer \$30 (see the attached seasonal registration form)

Total Payment Due \$ _____ (please make one check, payable to UCSC)

Mail your completed forms and payment to : Karen Palmer, U City Swim Club, 7507 Washington Ave, St. Louis, MO 63130
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**UCSC MEDICAL INFORMATION FORM
AND RELEASE**

Swimmer #1 Name/Birthdate _____

Swimmer #2 Name/Birthdate _____

Swimmer #3 Name/Birthdate _____

Emergency Contact Name _____ Phone _____

Physician's Name _____ Phone _____

Preferred Hospital _____

Medical Insurance Company _____ Phone _____

Policy Number(s) _____

For each swimmer listed above, please list all, if any, of the following which apply:

- Physical disabilities _____
- Chronic illnesses _____
- Convulsions/seizures _____
- Allergies (food and meds) _____
- Prescribed medications _____

A UCSC representative will attempt to notify Emergency Contact in the event of any injury or illness to the above-named swimmer(s) during their participation in a UCSC activity.

The undersigned hereby: Agrees to update this form as needed throughout the season to keep UCSC informed of any and all changes; consents to any emergency medical procedure determined necessary by licensed care providers; gives permission for each swimmer named above to be taken to a hospital or medical center for emergency treatment; and assumes financial responsibility for all costs associated with transportation, examination, and treatment.

ADDITIONALLY, TO THE EXTENT PERMITTED BY LAW, THE UNDERSIGNED HEREBY RELEASES UCSC, ITS DIRECTORS, OFFICERS, EMPLOYEES, AND VOLUNTEERS FROM ANY AND ALL LIABILITY ASSOCIATED WITH PERFORMING DUTIES RELATED TO THE TREATMENT OF ANY INJURY OR ILLNESS TO THE ABOVE-NAMED SWIMMER(S) DURING THEIR PARTICIPATION IN A UCSC ACTIVITY INCLUDING BUT NOT LIMITED TO ANY PRACTICE, TRAVEL, OR MEET INVOLVING UCSC.

Swimmer/Parent or Guardian (Signature)

Date

UCSC GENERAL RELEASE AND WAIVER OF LIABILITY

To the extent permitted by law, the undersigned, on his/her own behalf and/or on behalf of his/her child(ren), as partial consideration for the opportunity to receive instruction from and to participate in activities with University City Swim Club, Inc. ("UCSC"), hereby releases UCSC, its directors, officers, employees, and volunteers (the "Released Parties") from any and all future claims, demands, damages, actions or causes of action on account of any personal injury or damages to personal property sustained or suffered by the undersigned or his/her child(ren) caused by or due to the negligence of any Released Party in performance of any duties on behalf of UCSC, or arising from participation in any UCSC activity, including but not limited to any practice, travel, or meet involving UCSC. ____ (initial).

The undersigned agrees this Release is binding upon the undersigned, his/her child(ren), and/or their respective heirs, executors, personal representatives, trustees, and assigns. ____ (initial).

The undersigned agrees that any dispute arising from his/her or his/her child(ren)'s participation in UCSC, including any dispute concerning this Release, shall be filed in the Circuit Court of St. Louis County, Missouri, and shall be construed according to the laws of the State of Missouri. ____ (initial).

The undersigned further agrees that the prevailing party in any such dispute referenced in the preceding paragraph shall be entitled to recover his/her/its reasonable attorney's fees and costs. ____ (initial).

The undersigned represents he/she has authority to execute this Release, that he/she has had the opportunity to consult legal counsel of his/her choice with respect to its terms, and that he/she has read this Release, fully understands its provisions and is voluntarily executing this Release. ____ (initial).

Swimmer/Parent or Guardian (Signature)

Date

Swimmer/Parent or Guardian (Print name)



USA SWIMMING

2011 SEASONAL ATHLETE REGISTRATION APPLICATION LSC: OZARK SWIMMING

CHECK APPROPRIATE SEASONAL PERIOD:
 SEASON 1 SEASON 2 INDIVIDUAL SEASON

REGISTRATION DATE
OFFICE USE ONLY

**THIS MEMBERSHIP IS ONLY FOR MEETS BELOW
ZONE, SECTIONAL AND NATIONAL LEVELS.**

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

- 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:

MAIL APPLICATION & PAYMENT TO:

Ozark Swimming
 900 Main Street
 Dover, CT 06041
 345-347-8887

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

REGISTRATION FEE	
USA Swimming Fee	\$27.00
LSC Fee	3.00
TOTAL DUE	\$30.00

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: _____

SIGN HERE X _____

SIGNATURE OF ATHLETE, PARENT OR GUARDIAN

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)