

Welcome to the University City Swim Club 2011-2012 Season

We welcome all returning and all new families!

Practice begins Tuesday, September 6, 2011 at the University City High School Natatorium, 7420 Shaftesbury Ave, University City, Missouri.

Fees, Equipment needs, Swim Schedules are determined by swim group.

Swim Groups

Stroke Development (SD): For swimmers able to safely swim above water, but still developing basic swim strokes. Must be able to swim 25 yards above water using a freestyle stroke, without stopping. Practices include 45 minutes of stroke instruction/ swim endurance, and 15 minutes of free time. Please arrive a few minutes early. **Schedule is:** T, Th 5:30-6:30 pm **Equipment you'll need:** goggles. **Monthly Fee: \$60, Optional 9 month Season Fee: \$495**

Super Swimmers (SS): These swimmers are able to swim at least 50 yards without stopping. They are proficient in freestyle and backstroke, have a basic understanding of breast stroke and some butterfly. Goals for this swimmer are to refine strokes and breathing techniques, emphasize legal finishes and touches, teach starts and turns. **Schedule:** T, Th 5:30-7:00 pm. If your child can not attend Tuesday and Thursdays, with coach permission, Monday and Wednesday practices may be available. **Equipment you'll need:** goggles and fins. Please use a Sharpie to label your child's fins. **Monthly Fee: \$65, Optional 9 month Season Fee: \$540**

Age Group Development (AGD): These swimmers are able to swim all four competitive strokes and the IM legally. Refining stroke techniques, turns, starts, and the development of an aerobic base are goals for this group. **Schedule:** Your child may swim up to **3 times a week**. M, T, W, or Th 5:30-7:00 pm, Sat 8-9:30 am. **Equipment you'll need:** goggles and fins. Please use a Sharpie to label your child's fins. **Monthly Fee: \$75, Optional 9 month Season Fee: \$620**

Full Time Youth (FTY): These swimmers are ready for continued aerobic training and stroke technique refinement. Swimmers in this group may also participate in other swimming programs such as high school teams. **Schedule:** Your child may swim up to **5 times a week**. M, T, W, or Th 5:30-7:00 pm, Sat 8-9:30 am. **Equipment you'll need:** goggles and fins. Please use a Sharpie to label your equipment. **Monthly Fee: \$95, Optional 9 month Season Fee: \$780**

University City Swim Club – Membership Application

Indoor Season, University City Natatorium: Sept 2011- May 2012

Instructions: Please read ALL materials and complete all information.

Step 1. Enter your Child/children’s legal names and DOB (M/D/Y)

Last Name:	First Name:	Middle Initial	Gender	DOB
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Last Name:	First Name:	Middle Initial	Gender	DOB
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Last Name:	First Name:	Middle Initial	Gender	DOB
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Step 2. To conserve mailing costs your monthly statement is emailed to you. Please make sure your email address is correct and legible. You will be added to a Yahoo group for parents of the swim club. These emails will serve to provide important club announcements. It is your responsibility to read announcements and billing statements. Please use an email address that you use often.

Billing Address: _____ **ZIP:** _____

Telephone: _____ **Alternate Phone:** _____

Email for Club Notifications and Billing Statements: _____@_____._____

Parents or Guardian Names: _____

Step 3. Determine the group(s) your child/children will swim in. Coaches make the final decision for lane placement of swimmer and his/her advancement. Enter fee information for each child and determine subtotal 1.

Swimmer’s Name	Group (SD, SS, AGD, FTY)	Monthly Fee or optional 9 mo. fee
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
Sub Total		<input type="text"/>

Step 4. Insurance is provided through USA-Swimming. Each swimmer must be a current member of USA-Swimming. As part of your membership you'll receive an annual subscription to Splash magazine. Your membership is good Sept. 1, 2011 to Dec. 31, 2012.

Please submit a USA membership form for each swimmer that you are registering. **Do NOT make payment to Ozark Swimming or submit yourself;** University City Swim Club will handle the submissions.

1 swimmer = \$53 2 swimmers = \$106 3 swimmers = \$159

of swimmers _____ multiply by \$53 annual fee = \$ _____ (USA SWIMMING FEE)

Step 5. Determine the TOTAL initial fees that you owe to UCSC. Make one check payable to UCSC or University City Swim Club. You will receive additional monthly statements via your email. If you stop swimming, please immediately notify Club Treasurer at info@universitycityswimclub.com. If funds are available, some discounted rates are available to families in need.

FEES:

USA SWIMMING FEE (see step 4) \$ _____

MONTHLY FEE (Subtotal from step 3) \$ _____

TOTAL \$ _____

Step 6: Agree to the following:

Youth Swimmers may choose to compete in specific meets. Meet announcements are made at practices and through email announcements. Before each meet UCSC will pay nonrefundable registration fees on behalf of each swimmer, and bill individually. **For the meets hosted by UCSC, at least one parent of each swimmer will sign up for lane timing, hospitality, or concessions staffing.** *I understand and agree to these service and financial obligations:*

Parent/Guardian/ signature

Printed name of signer

Date

Step 7: Read and agree to the general release and waiver of liability. Fill out and sign the Medical Information Form and release.

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)

**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

What happens if there is a pool closure due to maintenance problems?

You will get an email notice that the pool has been shut down and practice is canceled. No refunds will be given unless announced otherwise. Super Swimmers and above can choose a makeup day. Practices are scheduled M, T, W, Th (5:30 – 7:00 pm), Saturdays (8:00-9:30 am).

Do I need to stay at the pool during practices?

No. But please be on time in picking up your child.

If I choose to stay during practice where should I sit?

Please stay in the bleacher area. Parents or children on deck may be asked to move.

I'd like to speak to my child's coach. What should I do?

Please do not approach our coaches during practices. This is a safety issue and takes the focus away from our swimmers. The best time to talk to a coach is before or after practices.

Do we have to participate in meets?

We ask that your child compete in home meets. If your child is not ready or is unwilling, at least one parent or guardian is still expected to work as a volunteer at our meet. Volunteer opportunities are coordinated through the Meet Director. **The 2012 Home meet is scheduled for Jan. 28, 2012.**

Can we take a break and come back during the season?

Yes. However, you must let the secretary/treasurer know that you will be on break. If you fail to do so, you will continue to be billed.

Email info@universitycityswimclub.com with any changes.

Are scholarships available?

If you are in need of financial assistance, please request a financial aid package. Assistance is given based on availability of funds and household income. Those members receiving financial assistance are asked to give back to the club through extra volunteering efforts.

Why do we have to join USA Swimming?

We are a USA Swimming affiliated club with USA Swimming certified coaches. Your USA-Swimming athlete membership is a requirement of USA Swimming. We would lose our insurance coverage and club affiliation if all swimmers are not athlete members. Our club does not receive any of the \$53 membership application money. Membership is good for a year.



REG. DATE / OFFICE USE ONLY

REGISTRATION DATE grid

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 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: OZARK SWIMMING UCSC

MAIL APPLICATION & PAYMENT TO:

900 WEIDMAN ROAD CHESTERFIELD, MO 63017

U.S. CITIZEN: YES NO

ARE YOU A MEMBER OF ANOTHER FINA FEDERATION? YES NO IF YES, WHICH FEDERATION:

HAVE YOU REPRESENTED THAT FEDERATION AT INTERNATIONAL COMPETITION? YES NO

REGISTRATION FEE table: 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 2011, 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)