

University City Swim Club

University City High School Natatorium
7420 Shaftesbury Ave., University City, 63130

www.universitycityswimclub.com

info@universitycityswimclub.com



2018-2019 Application Forms



Welcome to all returning and new families!

Fall Season: Tuesday September 4 – Thursday December 20

Spring Season: Monday January 7 – Thursday June 6th

All swimmers (returning and new swimmers) must fill out the following registration materials for the 2018 summer session:

1. UCity Swim Club Membership Application
2. UCity Swim Club Medical Information Form and Release
3. “About your Swimmer” Questionnaire
4. UCity Swim Club Release and Waiver of Liability
5. UCity Swim Club Photo and Audio-Visual Release
6. UCity Swim Club Parents Code of Conduct Signature Page
7. UCity Swim Club Swimmer’s Code of Conduct Signature Page

UCity Swim Club Membership Application

Step 1: Enter information for each swimmer in your family.

Swimmer’s Full Name (Last, First, Middle Initial)	Date of Birth (M/D/Y)	Program Fee (see step 5)	+ Meet Fee (see step 6)	+ USA Swimming Fee (see step 7)
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Fee Total:

Optional donation for our Scholarship Fund:

*Please note: we offer **need-based reductions in fees**, and we will work with you to make the program possible for your family. If you are applying for fee reductions, or if you need to pay your fee monthly, please leave the Program Fee and USA Swimming Fee sections blank, and contact info@universitycityswimclub.com for more information.*

Your total amount due is the sum of the boxes in Step 1. Full payment is due before your child(ren) begin swimming, unless alternate arrangements have been made to pay monthly.

We accept personal checks made payable to University City Swim Club (mailed to our treasurer, Margaret Hassenstab, at 7274 Creveling Drive, St. Louis, MO 63130) or electronic payment via Paypal on our website, at <http://www.universitycityswimclub.com/membership/>



Completed application packets can be emailed to info@universitycityswimclub.com or sent by mail to *Margaret Hassenstab, at 7274 Creveling Drive, St. Louis, MO 63130*

Step 2: Parent/Guardian Information. Please make sure your email address is correct and legible. You will receive an invitation to join TeamSnap, the UCSC team app. Please accept this invitation so you can receive information about practices and meets. These emails include invoices and important club announcements. It is your responsibility to read announcements and statements.

Parent or Guardian name(s):

Billing address:

ZIP:

Telephone #:

Alternate Telephone #:

Email Address (for Teamsnap and Billing):

Alternative Email Address:

Step 3: Fill out and sign the UCSC Medical Information Form, Release and Waiver of Liability, Photo and Audio-Visual Release and "About Your Swimmer" Questionnaire

UCity Medical Information Form and Release

Swimmer's Full Name

Date of Birth

(Last, First, Middle Initial)

(M/D/Y)

(If you have more than one swimmer, you may use one form, as long as all contact information is the same.)

Emergency Contact Name:

Telephone #:

Physician's Name:

Preferred Hospital:



Medical Insurance Company:

Policy Number:

For each swimmer listed below, 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 the 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; 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.

Parent or Guardian (Signature)

Parent or Guardian (Signature)

Parent or Guardian (Print Name)

Parent or Guardian (Print Name)

Date

Date



About Your Swimmer Questionnaire

Has your swimmer(s) received other formal, or informal, swimming instruction? Please describe below.

We want your swimmer(s) to have the best possible experience with our club. Is there any information you would like to share with our coaches that would help them best coach your child?

Is there information about your swimmer(s) it is important for a coach to know about your swimmer in order to protect the health and safety of all swimmers?



UCity Release and Waiver of Liability

(initial): 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. ("UCity Swim Club"), hereby releases UCity Swim Club, 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 UCity Swim Club, or arising from participation in any UCSC activity, including but not limited to any practice, travel, or meet involving UCity Swim Club.

(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 grants UCity Swim Club the right to use the name and/or likeness of his/her children in any promotional and advertising media for UCity Swim Club, including but not limited to UCity Swim Club's website, UCity Swim Club newsletters, television, radio, newspapers, and magazines. This Release shall not be valid for any disparaging or otherwise illegal use of said name and/or likeness. The undersigned indemnifies and holds UCity Swim Club harmless for any third party's disparaging or otherwise illegal use of said name and/or likeness. The undersigned acknowledges receipt of good and valuable consideration in exchange for this Release, which may simply be the opportunity to represent UCity Swim Club in its promotional and advertising materials.

(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.

Parent or Guardian (Signature)

Parent or Guardian (Signature)

Parent or Guardian (Print Name)

Parent or Guardian (Print Name)

Date

Date



UCity Swim UCity Swim Club Photo and Audio-Visual Release

I hereby authorize UCity Swim Club to publish the photographs taken of me and/or the undersigned minor children, and our names, for use in the UCity Swim Club printed publications and website.

I release UCity Swim Club from any expectation of confidentiality for the undersigned minor children and myself and attest that I am the parent or legal guardian of the children listed below and that I have the authority to authorize UCity Swim Club to use their photographs and names.

I acknowledge that since participation in publications and websites produced by UCity Swim Club is voluntary, neither the minor children nor I will receive financial compensation.

I further agree that participation in any publication and website produced by UCity Swim Club confers no rights of ownership whatsoever. I release UCity Swim Club its officers, directors, and coaches from liability for any claims by me or any third party in connection with my participation or the participation of the undersigned minor children.

(initial): I do not consent to the above.

(initial): I do consent to the above.

Swimmer's Full Name
(Last, First, Middle Initial)

Date of Birth
(M/D/Y)

Parent or Guardian (Signature)

Parent or Guardian (Signature)

Parent or Guardian (Print Name)

Parent or Guardian (Print Name)

Date

Date



Step 4: In addition to my obligation to pay the required fees for my swimmer(s), I understand and agree:

(initial): I will accept the TeamSnap invitation, and will keep my information current in TeamSnap;

(initial): I will notify UCSC if my child stops swimming (info@universitycityswimclub.com);

(initial): I will pay for the summer season before my child(ren) begin swimming, unless alternate arrangements have been made.

Step 5: Program Fees

The standard fees are as follows:

Fall Session (4 months, September - December)

\$380 per child

\$320 for the second swimmer in your family

\$260 for the third swimmer in your family

\$200 for the fourth swimmer in your family

Spring Session (5 months, Jan - May)

\$475 per child

\$400 for the second swimmer in your family

\$325 for the third swimmer in your family

\$250 for the fourth swimmer in your family

We also offer monthly payment options, and fee reductions to help swimmers participate. If you are applying for reduced fees, please contact info@universitycityswimclub.com with your request.

If you can show documentation that your family qualifies for government assistance programs like SNAP, free/reduced price lunch program, or Medicaid, your fee is \$25/month, *as long as our scholarship funds are available*. Please contact info@universitycityswimclub.com for more information. Your USA Swimming fee will also be reduced to \$7 from \$66.

Step 6: Meet Fees

Participation in swim meets is highly encouraged. Entry fees for designated meets are included in the meet fees. (Please refer to the meet schedule for included meets.) University City Swim Club **highly subsidizes** the costs of meets to make attendance more affordable to families and to encourage meet attendance. Additional meet fees will be billed directly to families.



The 2018-2019 meet fees are:

Fall Session

\$20 for Level 1 swimmers

\$75 for Levels 2 and 3 swimmers

Spring Session

\$20 for Level 1 swimmers

\$75 for Levels 2 and 3 swimmers

Step 7: USA Swimming Membership

This is your liability and secondary medical insurance for participation in our program. You also receive an annual subscription to Splash Magazine, the official magazine of USA Swimming and access to various parts of the USA Swimming website. The USA Swimming registration fee is nonrefundable and is valid until December 31, 2019.

Your fee is \$66 unless you can show proof that your family qualifies for government assistance or meets certain income guidelines. If so, please leave that section blank.

NEW THIS YEAR

All swimmers who currently have USA Swim membership expiring December 31, 2018, must apply for USA Swim membership at the start of the fall season. (We will make exceptions if swimmers are not intending to swim in the spring season, and their membership is valid through the end of 2018.) This process simplifies our billing, ensures that there is no gap in coverage for your swimmer(s), and does not affect when your coverage ends (that is, all coverage purchased in Fall 2018 or Spring 2019 expires December 31, 2019).



UCity Swim Club Swimmer Behavior Code

At UCity Swim Club we believe that good faith efforts to adhere to the words and spirit of this Code will improve the quality of our program and the well-being of all our participants. *Failure to follow this behavior code will result in warnings and could, ultimately, force the removal of the swimmer from the club, at the discretion of the Head Coach.*

Parents should review and discuss this behavior code with their swimmer(s). Each swimmer must put their initials next to each expectation.

As a UCity swimmer I will:

- Exercise self-control, even if I feel angry or frustrated
- Protect my health by giving my body healthy food and drinks
- Be a good role model for other swimmers
- Treat all of my coaches with respect
- Speak kindly to my teammates and their families
- Be a good sport, if I win or if I lose
- Use appropriate language, not using profanity, obscene gestures, offensive remarks, or taunting
- Be concerned for others' feelings and never try to hurt anyone's feelings, apologizing if I do
- Use social media responsibly
- Help promote my teammates and coaches through positive talk and support
- Be honest and reliable, doing what I say I will do
- Report any unhealthy or dangerous situation to a coach or respected adult

(initial): I, as a member of UCity Swim Club, have read and agree to the Swimmer Code of Conduct. I recognize my responsibility to follow it.

Swimmer 1 Signature

Swimmer 2 Signature

Swimmer 3 Signature

Date

Date

Date

Parent Signature

Date



UCity Swim Club Parents Behavior Code

As a UCity Swim Club parent I will:

- Sit in the viewing area in the bleachers, as deck areas are only to be used by swimmers as per our insurance requirements
- Refrain from giving instructions to swimmers during practice
- Provide support, care and encouragement for my child and all the members of the UCity Swim Club
- Encourage sportsmanship by behaving in a respectful, kind and supportive way to all athletes, coaches, officials and parents
- Promote a positive image of UCity Swim Club, by not engaging in any use of social media that would detract from the positive image of UCity Swim Club, its staff or its athletes.
- Adhere to all policies and procedures
- Communicate with Team Manager, Board member Margaret Hassenstab, with any concerns you have about the Club

(initial): I, as a parent of a UCity Swim Club swimmer or swimmers, have read and agree to the Parent's Ethical Code. I recognize my responsibility to follow it.

Signature of Parent/Guardian

Date



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

(Bill, Beth, Scooter, Liz, Bobby) GUARDIAN #1 LAST NAME GUARDIAN #1 FIRST NAME GUARDIAN #2 LAST NAME GUARDIAN #2 FIRST NAME

MAILING ADDRESS

CITY STATE ZIP CODE

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

OPTIONAL DISABILITY: RACE AND ETHNICITY (You may check up to two choices):

MAKE CHECK PAYABLE TO:

OZARK SWIMMING

MAIL APPLICATION & PAYMENT TO: 900 Weidman Road Town & Country, MO 63017 314/434-3397

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

2019 REGISTRATION FEE table with columns for fee type and amount, including USA Swimming Fee (\$60.00) and LSC Fee (6.00), totaling 66.00.

HIGH SCHOOL STUDENTS - Year of high school graduation:

YEAR LAST REGISTERED: IF YOU REGISTERED WITH A DIFFERENT USA SWIMMING CLUB IN 2018, ENTER THAT CLUB CODE: LSC CODE: AND THE DATE OF YOUR LAST COMPETITION REPRESENTING THAT CLUB:

SIGN HERE x SIGNATURE OF ATHLETE, PARENT OR GUARDIAN DATE

- 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)

REG. DATE/LSC USE ONLY



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

(Bill, Beth, Scooter, Liz, Bobby) GUARDIAN #1 LAST NAME GUARDIAN #1 FIRST NAME GUARDIAN #2 LAST NAME GUARDIAN #2 FIRST NAME

MAILING ADDRESS

CITY STATE ZIP CODE

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

OPTIONAL DISABILITY: RACE AND ETHNICITY (You may check up to two choices):

MAKE CHECK PAYABLE TO:

OZARK SWIMMING

MAIL APPLICATION & PAYMENT TO:

900 Weidman Road
Town & Country, MO 63017
314/434-3397

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

Table with 2 columns: Fee Name, Amount. Includes 2019 Outreach Fee, USA Swimming Fee (\$5.00), LSC Fee (2.00), and Total Due (7.00).

APPROPRIATE PAPER WORK SHOWING LSC QUALIFICATIONS FOR THIS OUTREACH REGISTRATION MUST BE ATTACHED TO THIS FORM IN ORDER TO PROPERLY REGISTER THIS ATHLETE.

HIGH SCHOOL STUDENTS - Year of high school graduation:

YEAR LAST REGISTERED: IF YOU REGISTERED WITH A DIFFERENT USA SWIMMING CLUB IN 2018, ENTER THAT CLUB CODE: LSC CODE: AND THE DATE OF YOUR LAST COMPETITION REPRESENTING THAT CLUB:

- Check if you would like to learn more about the USA Swimming Foundation's initiatives
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REG. DATE/LSC USE ONLY