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## ATHLETE/FAMILY INFORMATION

### NAME OF ATHLETE #1: (Please print)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Initial: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Phone #: \_\_\_\_\_ Swim Group: \_\_\_\_\_ (leave blank if unsure)

Other swim affiliations: \_\_\_\_\_  
(i.e. school swim team, summer swim league)

### NAME OF ATHLETE #2: (Please print)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Initial: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Phone #: \_\_\_\_\_ Swim Group: \_\_\_\_\_ (leave blank if unsure)

Other swim affiliations: \_\_\_\_\_

### NAME OF ATHLETE #3: (Please print)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Initial: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Phone #: \_\_\_\_\_ Swim Group: \_\_\_\_\_ (leave blank if unsure)

Other swim affiliations: \_\_\_\_\_



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**BILLING CONTACT INFO:** (Please print)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Initial: \_\_\_\_\_

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

City: \_\_\_\_\_ State/Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

Phone 2: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_  
(for log-in to team website)

Additional E-mail: \_\_\_\_\_

**GUARDIAN NAMES:** (Please print)

**Guardian 1**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

**Guardian 2**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_



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## MEMBERSHIP DUES/RESPONSIBILITIES

**WhiteWater Registration Fee:** An annual fee of \$175/swimmer with a \$350 per family maximum. This covers club administrative expenses and includes the USA Swimming Registration Fee (\$62) which covers insurance and other support services provided by USA Swimming and Pacific Northwest Swimming. This fee also includes two team caps. This fee is reduced to \$125/swimmer after March 27th, 2011.

Registration fee for Rapids and Pre-Competition groups is \$125

**Group Dues:** Dues are billed on a monthly basis. Dues are as follows and **will be billed to you through the team website: *\*\*Please note we do not bill for the month of July!***

<b>Rapids</b>	\$60 / month	reduced registration \$125
<b>Pre Competition</b>	\$90 / month	reduced registration \$125
<b>Squad 1 Development</b>	\$110 / month	
<b>Squad 2 Novice</b>	\$135 / month	
<b>Squad 3-Age Group</b>	\$150 / month	
<b>Squad 4-Junior</b>	\$205 / month	
<b>Squad 5-Senior</b>	\$215 / month	
<b>Summer Prep</b>	\$175 / session	no registration fee

### Family Discounts on Group Dues:

Swimmer 1 pays 100%

Swimmer 2 has a 10% discount

Swimmer 3 has a 50% discount

Swimmer 4 has a 75% discount

The highest rate is automatically applied to swimmer 1 and the discount will descend accordingly. This discount will only apply to swimmers who are of immediate relation or have legal custody.

**Meet Fees:** These are payable to WhiteWater Aquatics and will be billed on your statement. They are composed of a base meet entry fee plus the cost of each individual event and are forwarded by WWA to the hosting club. *WhiteWater Aquatics charges a fee of \$1 per individual event to cover relays, coaching and expenses.* At championship meets, an additional fee may be added to the meet surcharge to cover team clothing for the specific meet and relays are billed for at this level of meet.

**Late Payments:** Statements will be emailed at the beginning of each month and must be paid by the 10th. Late payments will be assessed a \$15.00 late fee. Payments not received by the 20<sup>th</sup> of that statement cycle may result in the rescinding of all swimming privileges. There will be a \$25.00 fee assessed for NSF checks.

**Withdrawal from Team or Termination:** If you are not planning to swim (temporarily or for the remainder of the season) you must notify the treasurer in writing (email is sufficient) 30 days prior to the next monthly billing. A swimmer who participates in any practices within a billing cycle is responsible for the full monthly fee.

Parent Signature: \_\_\_\_\_



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## AUTHORIZATION FOR CONSENT FOR MEDICAL CARE

Athlete Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_

Athlete Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_

Athlete Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_

*Your permission and the following medical information facilitate immediate medical attention in situations where you cannot be contacted quickly. Please read carefully and sign below.*

### Standard Medical Release

I, \_\_\_\_\_ authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and hospital procedures as may be performed or prescribed by a licensed physician for the child listed above while he/she is participating in WhiteWater Aquatic practices, swim meets, and/or other activities. I understand the sport of swimming carries a risk of serious injury and that first aid may be administered at the discretion of a coach or lifeguard. I agree to hold harmless and indemnify WhiteWater Aquatics, its Board members, and its employees from any and all liability, loss, damage, or expense whatsoever. If I cannot be reached in the event of an emergency, I waive my right to informed consent.

### Emergency Contact Information *(please notate with an \* the first number to try and reach)*

Parent/Guardian: \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Other Emergency Contact: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Family Insurance: \_\_\_\_\_ Policy number: \_\_\_\_\_

Medical conditions the coach should be aware of: *(please notify the coach personally of these prior to beginning the swim season)*

X Signature \_\_\_\_\_ Date \_\_\_\_\_



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## Parent Volunteer Policy

Volunteerism plays a vital role in WhiteWater's success as a team. Please keep in mind that your swimmers are working very hard. They deserve to participate in the meets as well as other team events throughout the season. You can help.

WhiteWater's volunteer policy has been put in place to encourage all families to participate in the operation of the club. A little of your time will go a long way.

## Swim Meets

WhiteWater Aquatics will host two swim meets this season. Doing so brings in extra revenue and helps to keep monthly fees as low as possible. Each family from Squad 1 and higher is expected to provide a volunteer for at least two sessions at each of our hosted meets.

December 4<sup>th</sup> and 5<sup>th</sup> at Hazen - Fall Divisional Champs

June 11<sup>th</sup> and June 12<sup>th</sup> at KCAC

Please *make a note of these meet dates* on your calendar.

There are many ways in which you can fulfill your commitment. Available positions include Meet Director, Lane Timer, Clerk of Course, Concessions, Official, Setup Crew and Hospitality to name a few. A detailed description and job sign-up will be available on the team website.

## Other Opportunities

In addition to helping at our hosted meets, we ask that each family work at least five additional hours. We will hold several events throughout the year. You can earn credit in many ways. Serving on the board or on one of the committees, event planning, set-up, tear-down, small jobs at the pool. We also supply some lane timers and officials for meets which other teams host. See the team handbook for more details on what you can do to help out.

Families of Rapids and Pre-Comp swimmers are welcome to volunteer but it is not required.

We understand that WhiteWater Aquatics is operated by parent volunteers and will commit to the effort by volunteering our time as described above.

Swimmers name (Please print) \_\_\_\_\_

Signature of parent or guardian \_\_\_\_\_

Date \_\_\_\_\_ email \_\_\_\_\_

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## Concussion Information Sheet

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, **all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly.** In other words, even a "ding" or a bump on the head can be serious. You can't see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

### Symptoms may include one or more of the following:

- Headaches
- "Pressure in head"
- Nausea or vomiting
- Neck pain
- Balance problems or dizziness
- Blurred, double, or fuzzy vision
- Sensitivity to light or noise
- Feeling sluggish or slowed down
- Feeling foggy or groggy
- Drowsiness
- Change in sleep patterns
- Amnesia
- "Don't feel right"
- Fatigue or low energy
- Sadness
- Nervousness or anxiety
- Irritability
- More emotional
- Confusion
- Concentration or memory problems (forgetting game plays)
- Repeating the same question/comment

### Signs observed by teammates, parents and coaches include:

- Appears dazed
- Vacant facial expression
- Confused about assignment
- Forgets plays
- Is unsure of game, score, or opponent
- Moves clumsily or displays incoordination
- Answers questions slowly
- Slurred speech
- Shows behavior or personality changes
- Can't recall events prior to hit
- Can't recall events after hit
- Seizures or convulsions
- Any change in typical behavior or personality
- Loses consciousness

**What can happen if my child keeps on playing with a concussion or returns too soon?**



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Athletes with the signs and symptoms of concussion must be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage athlete will often under report symptoms of injuries. And concussions are no different. As a result, education of administrators, coaches, parents and athletes is the key for athlete safety.

**If you think your child has suffered a concussion**

Any athlete even suspected of suffering a concussion must be removed from the meet or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without medical clearance. Close observation of the athlete should continue for several hours. The new "Zackery Lystedt Law" in Washington now requires the consistent and uniform implementation of long and well-established return to play concussion guidelines that have been recommended for several years:-

**"A youth athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from competition at that time"**

**and**

**"...may not return to play until the athlete is evaluated by a licensed health care provider trained in the evaluation and management of concussion and received written clearance to return to play from that health care provider".**

You should also inform your child's coach if you think that your child may have a concussion Remember its better to miss one meet or practice than miss the whole season. And when in doubt, the athlete sits out.

For current and up-to-date information on concussions you can go to:  
<http://www.cdc.gov/ConcussionInYouthSports/>

This form must be signed and dated by BOTH athlete and parent or guardian BEFORE the athlete can participate in practice or competition.

_____ Athlete Name (Please Print)	_____ Athlete Signature	_____ Date
_____ Parent or guardian	_____ Parent Signature	_____ Date