



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## Caroline Orcas Swim Team

### INTRODUCTION:

The Caroline Orcas Swim Team is a member of the Rappahannock Swim League (RSL), a summer recreational swim league (<http://www.rslswimming.com>). Approximately 2,500 swimmers compete on 25 teams in the RSL's four divisions: Battlefield, American, National, and Patriot. 2018 will be the Caroline Orcas third year competing. Each team will have 6 meets against the teams in their division. The 2018 season will run from May 29, 2018 until our Finals Meet on August 4, 2018.

### SWIMMER FEES

Non-members must pay a \$45 student membership fee at the time of registration. This fee covers access to the YMCA facilities from the time of registration through the end of Orcas Swim season.

Number of Children	Payment amount until June 4th	Payment amount after June 4th
First child	\$115 per swimmer	\$125 per swimmer
Additional child(ren)	\$85 per additional swimmer	\$95 per additional swimmer

### MEET INFORMATION

June 14 <sup>th</sup>	Mock Meet
June 20 <sup>th</sup>	Away @ Lake Wilderness
June 27 <sup>th</sup>	Away @ Hopyard
July 2 <sup>nd</sup>	Home vs Country Club
July 9 <sup>th</sup>	Away @ Idlewild
July 12 <sup>th</sup>	Home vs Grafton
July 18 <sup>th</sup>	BYE
July 23 <sup>rd</sup>	Home vs Eden Estates
<b>August 4- FINALS</b>	

Swimmers are required to arrive at the pool at 4:30pm for all home meets and 5pm for away meets. Warm-ups start shortly thereafter. The competition begins at 6pm and should end by 10:30pm. Rain dates will usually be the next day.

**It is very important you notify us if you plan on missing a meet. Notifications should be done at least three days prior to a meet. When swimmers do not show up for a meet as scheduled, we lose the chance to score points and an opportunity for another swimmer to participate in that event.**

## **SWIM PRACTICE**

All practices are held at the Caroline Family YMCA. Practice will begin May 29<sup>th</sup>. We recognize that not all of our swimmers will be from Caroline County. As result, some swimmers may not be able to attend our regularly scheduled practice. We encourage swimmers to attend as many practices as possible. Our practice times will be as follows.

**REVISED 03/22/2018**

### **Mon., Wed., Thur., Practice**

Red Group 6:30pm-7:20pm  
Black Group 7:15pm-8:15pm

### **Tue. Practice**

Red Group 7:00pm-7:45pm  
Black Group 7:45pm-8:30pm

### **Fri. Practice**

Red Group 5:30pm-6:15pm  
Black Group 6:15pm-7:00pm

Swimmers 12 and under may attend practice without a parent or guardian present on the pool deck, though they must remain in the building. However, all participants must be dropped off and picked **up on the pool deck by a parent, guardian or responsible party designated by the parent or guardian and the coach must acknowledge that they have taken responsibility for the child.** There will be no practice on meet days.

## **SWIM TEAM REQUIREMENTS**

Participants must be able to swim 15 yards of freestyle or backstroke **WITHOUT** stopping, or grabbing the lane line. Please note: Swim team is not a swim lesson program. Therefore, participants must be able to swim in deep water comfortably and have a basic knowledge of the components of swim team. The head coach reserves the right to ask that a child be placed in swim lessons in order to improve his or her skills before being admitted to the swim team. Only swimmers capable of swimming 25 yards (10 and under) or 50 yards (11 and up) will be entered in swim meets.

## **SWIM GEAR**

It is important your swimmers wear appropriate swim suits for practice. While swim trunks may be fashionable for young swimmers, the drag caused by them increases the difficulty of a practice. We recommend racing swimsuits (a one piece suit for girls and jammers for boys) be worn for all swimmers. Each swimmer should also have goggles, a swim cap, and a water bottle to stay hydrated. Swim fins are also recommended for novice swimmers in order to help your swimmer gain endurance. Kick boards are provided by the team.

## **PARENT TRAINING**

There are six positions which require RSL Clinic Training:

- Referee
- Stroke and Turn
- Starter
- Clerk of Course
- Head Timer
- Scorer

We cannot run a meet unless those positions are filled, therefore, we require one parent from each family to be trained in these critical positions. Training opportunities will be available throughout May and June. More information will be communicated about these dates as they become available.

An explanation of the responsibilities for these positions can be found on our website at:

<https://www.sites.google.com/view/carolineorcas/>.

Please email [carolineorcas@gmail.com](mailto:carolineorcas@gmail.com) for any questions or concerns.



Y Staff  
 Date: \_\_\_\_\_  
 Amt Pd \_\_\_\_\_  
 Receipt# \_\_\_\_\_

## Parent Information

### PARENT/GUARDIAN INFORMATION

Name \_\_\_\_\_

Address: \_\_\_\_\_ Zip code: \_\_\_\_\_

Home Telephone number (\_\_\_\_\_) \_\_\_\_\_ Cell phone (\_\_\_\_\_) \_\_\_\_\_

E-mail: This is the coach's way of communicating with you  
**This is required. ALL communication is done via e-mail**

\_\_\_\_\_

### PARENTAL INVOLVEMENT

You, as parents, are part of this swim team! In order for us to have a successful swim meet, your participation is required to staff the many positions needed to run the meet. ***We, therefore, require all parents to attend one training session and be certified in one area.*** You may be required to work every meet in which your child is scheduled to swim (depending on the number of families on the team). Because we cannot run a meet without your help, failure to participate will result in your child not competing. Please initial that you have read and agree to follow the parental involvement rules \_\_\_\_\_

Please refer to the attached sheet for full job descriptions and training responsibilities.

\_\_\_\_\_  
 Signature of Parent/Guardian

\_\_\_\_\_  
 Date

### PARENT SWIM MEET SIGN UP

All families are required to provide one volunteer for **each meet plus finals for children to be eligible to swim.** These positions require training. The dates, times and locations of these training sessions are listed above or on the RSL website [www.rslswimming.org](http://www.rslswimming.org)

Indicate your 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> choice below.

Job	Preference	Previous Experience?	Parents name
Referee			
Starter			
Stroke & Turn			
Data Entry			
Clerk of Course			
Head Timer			

### PAYMENT SCHEDULE:

I wish to pay in full. \_\_\_\_\_

I wish to pay in 3 monthly installments. \_\_\_\_\_

The first payment is due at registration. Remaining payments will come out May 15<sup>th</sup> and June 15<sup>th</sup>, 2018.

# Swimmer Information

*Only children from your household may be entered on this form*

	Childs First Name	Middle Initial	Childs Last Name	D.O.B	Age as of June 1	M/F
1						
2						
3						
4						

## **MEDICAL INFORMATION**

Please list any health/medical information or special problems:

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I have given consent for my children to participate in the above program. I affirm that the general health of the participant is good, and that they have had a physical within the last calendar year and will not be affected by the physical requirements of the program. I understand that there are risks associated with this activity and I agree to hold the Rappahannock Area YMCA, Inc. harmless in case of an accident or injury. I have indicated on the line above of any special needs or medical conditions that the YMCA should be aware of. I realize that the YMCA has the right to require a physician's approval to participate if my child has medical conditions or special needs.

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Signature of Parent/Guardian

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Date

The free swim cap is latex. Is your child allergic to latex?      Yes      No

## **PHOTOGRAPHY CONSENT FORM**

I hereby grant full permission to the Caroline Family YMCA to use either my photograph or my child's photograph in any publication or advertising materials (printed or electronic) for the purpose of promotion and publicity of the Caroline Family YMCA.

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Signature of Parent/Guardian

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Relationship to Child (if applicable)

## **CANCELLATION POLICY**

**NO refunds or credits given.**

*Sign here to say you understand the no refund policy* \_\_\_\_\_

Participant (if 18 years of age) \_\_\_\_\_ Date: \_\_\_\_\_



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## AUTHORIZATION TO DRAFT ACCOUNT FOR PROGRAM FEES

By signing below, the member acknowledges that he/she has received a copy of the Rappahannock Area YMCA Inc.'s Electronic Fund Transfer policy, and agrees to abide by it for all electronic fund transfers requested from their account on behalf of the Rappahannock Area YMCA Inc. Payment for program fees by electronic fund transfer is subject to approval by the department head in charge of the program and the Finance Department.

I would like to pay for the following program fees by Electronic Fund Transfer (EFT):

**Program Name: RSL SUMMER SWIM TEAM - CAROLINE ORCAS**

**\$45 Membership Draft: Due at registration, please circle one of the following:**

**Monthly Installments: Before June 4<sup>th</sup>**

**1<sup>st</sup> payment due at registration \$38.34**

**2<sup>nd</sup> payment - \$38.33 to be drafted May 15<sup>th</sup>**

**3<sup>rd</sup> payment - \$38.33 to be drafted June 15<sup>th</sup>**

**Monthly Installments: After June 4<sup>th</sup>**

**1<sup>st</sup> payment due at registration \$41.68**

**2<sup>nd</sup> payment - \$41.66 to be drafted June 15<sup>th</sup>**

**3<sup>rd</sup> payment - \$41.66 to be drafted July 15<sup>th</sup>**

Name of Bank: \_\_\_\_\_ (Voided Check must be attached)

Routing/Transit Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Name of Account Holder: \_\_\_\_\_

Please circle:      Visa    MasterCard

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVV Code: \_\_\_\_\_

Name of Account Holder: \_\_\_\_\_

I authorize the Rappahannock Area YMCA, Inc. to request an Electronic Funds Transfer to cover the programming fees for the above program. I understand that this agreement will be in effect for the duration of the program, and can be cancelled by sending written notice to the Rappahannock Area YMCA, Inc. at least 15 days before the date the EFT is due to be requested from by banking institution.

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

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

Date: \_\_\_\_\_

# WAIVER/RELEASE OF LIABILITY

The enrolled participant and the parent/guardian of the participant (if the participant is under the age of 18), agree and understand that swimming is a HIGH RISK ACTIVITY. I recognize that there are risks inherent in the sport of swimming, which could result in (but not limited too) paralyzing injuries and death. The participant hereby agrees to participate in the Rappahannock Swim League program and hereby agrees to indemnify and hold harmless the Rappahannock Swim League, Inc., its coaches, officers, directors, agents, volunteers, and employees, including its swim team and their respective coaches, officers, directors, agents, volunteers and employees against any liability resulting in injury that may occur to the participant while participating in the Rappahannock Swim League program. The participant also agree to indemnify the Rappahannock Swim League Inc., and the CAROLINE YMCA ORCAS Swim Team from any liabilities, demands, claims, or law suits arising from the actions or inactions of the participant.

The participant and the parent/guardian of the participant authorize any representative of the Rappahannock Swim League, Inc. or the CAROLINE YMCA ORCAS Swim Team to have the participant treated in any medical emergency during their participation in the Rappahannock Swim League Program. Further, the participant and the parent/guardian agree to pay all the costs associated with medical care and transportation of the participant.

I have noted below any medical/health problems of which the staff should be aware.

SWIMMER #1 NAME: \_\_\_\_\_

Medical/Health Conditions: \_\_\_\_\_

SWIMMER #2 NAME: \_\_\_\_\_

Medical/Health Conditions: \_\_\_\_\_

SWIMMER #3 NAME: \_\_\_\_\_

Medical/Health Conditions: \_\_\_\_\_

SWIMMER #4 NAME: \_\_\_\_\_

Medical/Health Conditions: \_\_\_\_\_

**I HAVE CAREFULLY READ THE ABOVE LIABILITY RELEASE AND SIGNED IT WITH FULL KNOWLEDGE OF ITS CONTENTS AND SIGNIFICANCE.**

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

PARENT/GUARDIAN PRINTED NAME: \_\_\_\_\_

DATE: \_\_\_\_\_