

**COLONY CUDAS SWIM TEAM REGISTRATION & MEDICAL RELEASE**

**2018**

<p><i>Official Use Only</i>                  Rec'd By / Date _____ / _____                  Check #: _____</p>
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Parent(s)/Guardian \_\_\_\_\_

Address \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work # \_\_\_\_\_

Cell Phone #1 \_\_\_\_\_ Cell Phone #2 \_\_\_\_\_

Email #1 \_\_\_\_\_ Email #2 \_\_\_\_\_

Emergency Contact (if above cannot be reached) \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone # \_\_\_\_\_

Medical Insurance Provider \_\_\_\_\_ Policy # \_\_\_\_\_

Swimmer	M/F	DOB	Age as of June 1, 2018	Allergies (Y/N) If yes, provide details on back of form	Medications (Y/N) If yes, provide details on back of form	If new swimmer, rank ability: 1 – Never puts head in water 3 – Comfortable in water but not proficient 5 – Can swim a lap

*\*\*Using the back of this form, please list any other pertinent information about the swimmers listed above (medical conditions, limitation, etc.).*

I hereby grant permission for the swimmer(s) listed above to participate in all required swim team practices and meets for the Colony Swim Team 2017 season. I relieve Colony Swim Team and Colony Recreation & Civic Association of all liability in case of injury during all practices, meets, and team sponsored activities. I understand that in the event of an emergency involving my child, every effort will be made to contact the parents (or guardian) before medical treatment is administered. In the event that a parent (or guardian) cannot be reached within a reasonable period of time, I grant permission to the attending physician to hospitalize and secure treatment as necessary for my child, if in the physician's best professional judgment, further delay would jeopardize my child's life or health. I hereby assume responsibility for payment of such treatment.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Initial) I agree to read and discuss with my child the Colony Cudas Swim Team Code of Conduct included in registration packet. By his/her participation on the Colony Cudas Swim Team, he/she and I agree to abide by these rules.

\_\_\_\_\_  
(Initial) I understand that team fundraising is vital in meeting expenses. I agree to participate in all fundraising efforts by the swim team as outlined in the registration packet. I also agree to abide by the volunteer duties required by the swimmer's family as outlined in the registration packet.

*Registration fees are non-refundable and are as follows: \$65 for the 1<sup>st</sup> swimmer and \$40 for each additional swimmer. Please make checks payable to Colony Swim Team. Registration fees and permission forms must be submitted prior to participation in any swim team activity.*

**Colony Cudas Swim Team**  
**Photo / Video Permission Form**

From time to time photographs and/or video clips may be taken of the Colony Cudas swimmers and families and used in our newsletters, on our website, or in other promotional or informational materials. The Colony Cudas Swim Team requests the right to use all photos and videos taken of Cudas swimmers and families.

By signing this form, I agree to allow the Colony Cudas Swim Team (and its representatives) to use photos and videos that they have of my swimmer(s) and/or family participating in team activities, which include, but are not limited to, practices and meets.

By signing this form, I understand and agree to the above request and conditions. I agree to give up my rights with regards to Colony Cudas Swim Team photos and videos of me/my swimmer/family.

Swimmer Name(s)

_____	_____
_____	_____
_____	_____

\_\_\_\_\_/\_\_\_\_\_  
Signature of Parent (or Guardian)    Date

**COLONY CUDAS SWIM TEAM  
CODE OF CONDUCT**

The Colony Cudas strive to provide a fun, safe and positive experience for all of our swimmers, parents, coaches, and spectators. As such, this Code of Conduct has been developed to provide guidelines and expectations for all people in the Cudas family.

As a parent or swimmer of the Colony Cudas, I understand that I am representing Colony Pool and the Colony Recreation and Civic Association. I understand and agree to the following:

At all times a Cuda will:

1. Respect, encourage, and support fellow teammates, competitors, and visitors.
2. Not use inappropriate language, gestures, or hurtful behavior as these are NEVER acceptable.
3. Listen and show respect towards all coaches, lifeguards, officials, and meet staff.
4. Come to swimming prepared with all necessary equipment and be responsible for all belongings.
5. Arrive on time for all practices and meets and be ready to begin when scheduled.
6. Always give 100% effort at each practice and meet.
7. Set a positive example.
8. Display good sportsmanship at all times both on and off the pool deck.
9. Avoid the use of alcohol, tobacco, illegal drugs or other banned substances.
10. Be modest in victory and gracious in defeat.
11. Have fun!

At practices, a Cuda will:

1. Learn/understand proper lane etiquette and how to swim with others in the same lane.
2. Not interfere, disrupt, or distract other swimmers while practicing.
3. Respect, encourage and support fellow teammates.

A Cuda parent will:

1. Teach and practice good sportsmanship at all meets and practices. You are role models!
2. Respect the sport. Respect the officials. Respect the coaches. Respect other parents, who often serve as volunteers.
3. NEVER criticize other swimmers, coaches or officials regardless of the circumstances.
4. NEVER coach my child. I will let swimmers swim and coaches coach, and support both positively.
5. Emphasize the FUN of the sport and the benefits of training, competing and putting forth effort at all times. I will not emphasize winning or beating another swimmer.

Swimmer Signature	Parent/Guardian Signature / Date
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