

RIVERSIDE COUNTY SWIM CONFERENCE REGISTRATION FORM: **2010** SWIM SEASON

Birth Cert: _____
 Swim Fees: _____
 Amt. Pd: (_____) _____
 Bal. Due: _____

CLUB AFFILIATION: TIDAL WAVES INDIAN HILLS NORCO
 LANCERS X-TREME RAA

PLEASE PRINT:

 SWIMMER'S LAST NAME FIRST NAME SEX BIRTHDATE AGE ON JULY 1

 FATHER'S LAST NAME FIRST NAME HOME PHONE CELL PHONE

 MOTHER'S LAST NAME FIRST NAME HOME PHONE CELL PHONE

 STREET ADDRESS CITY STATE ZIP

 FATHER'S E-MAIL ADDRESS

 MOTHER'S E-MAIL ADDRESS

EMERGENCY NAME AND NUMBER

FAMILY PHYSICIAN: _____ PHONE: _____

BUSINESS ADDRESS: _____

SPECIAL MEDICAL INSTRUCTIONS: (ALLERGIES, MEDICATION, CONTACT LENS, ETC.)

THE UNDERSIGNED UPON ADMISSION TO THE RIVERSIDE COUNTY SWIM CONFERENCE AGREES:

1. TO ABIDE BY ALL RULES AND REGULATIONS IN HARMONY WITH THE BY-LAWS OF RCSC.
2. TO ASSUME ALL RESPONSIBILITIES FOR THE SAFE KEEPING OF ALL PERSONAL PROPERTY BOTH AT PRACTICE SESSIONS AND MEETS AT HOME AND AWAY.
3. RESPECT AND CARE FOR THE PROPERTY OF YOUR HOME POOL AND THOSE YOU VISIT.

SWIM TEAM MEMBER MEDICAL POWER OF ATTORNEY: RIVERSIDE COUNTY SWIM CONFERENCE and its individual member teams are hereby given power of attorney by the undersigned, to procure for the above listed minor family member, emergency care as needed as a result of swim team related injuries. The undersigned agrees to assume the emergency care expenses. Swim Team Personnel will make reasonable effort to immediately notify the family physician and the undersigned parent. This power of attorney will terminate or be suspended upon termination of student participation, or upon the physical presentation or assumption of medical control by the undersigned parent.

DATE _____ SIGNATURE OF TEAM OFFICIAL _____

MOTHER _____ FATHER _____

INSURANCE: It is the responsibility of member teams to carry liability insurance and medical insurance. Each swimmer entered into the Swim Team program should carry individual medical coverage. In case of injury, please notify member team personnel.

PERSONAL INSURANCE CARRIER _____ POLICY # _____



**RELEASE FROM LIABILITY
2010 Swim Season**

I, _____, (Parent/Guardian name) have enrolled my child/children,

_____, (swimmer's name/s) to participate on the Tidal Waves Swim Team, practicing at the Poly High School pool and participating in various swim meets in the Inland Empire area, and I do hereby agree as follows:

1. I fully recognize the risks of injury or illness inherent in my child's participation on the Tidal Waves Swim Team, and I represent to Tidal Waves Swim Team that my child is fully capable of participating in the activities of the Swim Team.
2. I hereby release the Tidal Waves Swim Team and its officers, directors, coaches, agents (including parent volunteers) and employees from any and all liability of any kind or nature in connection with my child's participation on the Tidal Waves Swim Team.
3. I hereby indemnify and hold the Tidal Waves Swim Team and its officers, directors, coaches, agents, and employees harmless from any and all claims, actions, demands, costs, liabilities, expenses or judgments whatsoever, including attorney's fees and costs, which might arise as a result of my child's participation on the Tidal Waves Swim Team.
4. I hereby execute and deliver this release to the Tidal Waves Swim Team to induce the Tidal Waves Swim Team to permit my child's participation in activities of the Tidal Waves Swim Team, and I hereby acknowledge that such participation is at my own risk and without any representation of any kind or character having been made to me by the Tidal Waves Swim Team and/or its officers, directors, coaches, agents, and employees.

Date: _____ Address: _____

Signature: _____

Witness: _____

Permission to Use Photo/Electronic Images

I, _____, hereby grant permission to the Tidal Waves Swim Team to use the images of myself and/or my family for promotional purposes and internal presentation (i.e. newsletter, slideshows). I understand that images may be used on the World Wide Web at our team website www.tidalwavesaquatics.com.

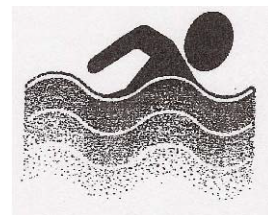
I further understand that Tidal Waves Swim Team will not publish my or my family's name in conjunction with the photographic material without my written permission.

Date: _____ Signature: _____



RIVERSIDE COUNTY SWIM CONFERENCE

2010 Swim Season



According to Riverside County Swim Conference ByLaw Section 8, Article 5, any swimmer participating on a team in our conference from May 15th to the end of our finals meet, may not swim for any other team besides their Riverside County Conference Team. This includes all U.S. year round teams, other summer league teams, and school teams. A swimmer may not practice with any other team. A swimmer may not compete for any other team during this period.

The only way a U.S. year round swimmer may swim in a U.S. sanctioned swim meet during this period is to detach from their U.S. team and sign up for U.S. meets as an individual swimmer. Again, they must practice solely with their Riverside Conference Team.

Breaking of the above ruling will result in the violating swimmer being asked to leave their team and our Conference. Any points accrued by that swimmer in our meets will be deducted from that team's earnings, a penalty deduction will also be taken from that team, and the meet results will be changed accordingly.

I have read, understand and agree to follow the above on Section 8, Article 5 of the Riverside County Swim Conference Bylaws.

Swimmer signature: _____ Date: _____

Parent signature: _____ Date: _____

New Swimmer Registration

The Tidal Waves Swim Team recommends that new swimmers should have attended swimming lessons prior to registering for the swim team. The Tidal Waves Swim Team does not provide swimming lessons, but will assist in teaching its swimmers the proper stroke techniques required to participate in swim meets.

I, _____, have been informed that my child, _____, age _____ years old must be able to swim a minimum of 15 yards freestyle (crawl swimming) to be accepted onto the Tidal Waves Swim Team. I also understand that the coaches of the Tidal Waves Swim Team will administer a swim test to my child during the first two weeks of practice to assess his/her readiness to participate on the swim team. If my child does not pass the swim test to the satisfaction of the head swim coach, I understand that my child may not participate in the Tidal Waves Swim Team for the 2010 swim season. Under this circumstance, I will receive a refund of my registration fee.

Signed: _____ Date: _____ Witness: _____



SWIMMER NAME: _____

RIVERSIDE, CA

2010 Volunteer Contract

Tidal Waves swim meets run on volunteers. We require that parents volunteer four times for half a meet per child throughout the season. This amounts to roughly eight to ten hours per child over the course of the season. Additional volunteers are needed if your child is invited to the league relay meet or chooses to participate in league finals. Volunteer duties may include timing, staging, help at the snack bar, set-up, clean-up, and/or head table responsibilities. We ask that you choose the dates you would like to help and give us a preference, if you choose. Our team volunteer coordinator will assign the duties for each meet based on your preferences and the team's needs. You will also check-in with the volunteer coordinator or head volunteer (i.e. head time, stager, etc.) for each meet you are assigned to. These volunteers will check off your participation and train you in each of these responsibilities. It takes roughly 60 volunteers each meet to keep the events running smoothly.

I, _____, understand the volunteer responsibilities of the Tidal Waves Swim Team. I understand that I must volunteer four times for half a meet per swimmer that I have registered. In the event that I am unable to make it to one of my scheduled volunteer duties, I understand that it is my responsibility to find a replacement and contact the volunteer coordinator to notify of this change. My failure to fulfill a volunteer duty may result in my swimmer becoming ineligible to swim at a meet.

The following are the volunteer dates that I commit to for the 2010 swim season (mark 4 boxes):

Swim Meet Date	First Half	Second Half	Duty Preference (if known)
Practice Meet (TBD)			
Wednesday May 26 @Tidal Waves			
Thursday May 27 @ Tidal Waves			
Thursday June 10 @ Tidal Waves			
Saturday June 19 @ CBU			
Saturday June 26 @ Norco			
Wednesday June 30 @ Tidal Waves			
Thursday July 1 @ Tidal Waves			
Tuesday July 6 @ Indian Hills			
Wednesday July 7 @Indian Hills			
Wednesday July 14 @ Corona			

Please complete a separate form for each swimmer that is registered. Volunteer dates/times must be different for each swimmer. The Volunteer Coordinator will contact you in the event a meet is over/under subscribed.

Signature: _____ Date: _____