

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

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

**Parent Board Approval:**

**Spring Clinic** \_\_\_\_\_ **Swim Season** \_\_\_\_\_

## Swans Parent Checklist 2024

Every Swimmer must have **all completed paperwork and money turned in** in order to enter the water. **No Exceptions.**

### For Spring Training/Clinic (starting April 8th):

- Swimmer Registration & Medical Form
- Waiver & Release of Liability/Publicity Release Authorization Form
- Registration Fee for Spring Clinic

### For 2024 Swim Season (starting April 22nd):

All the above, PLUS

- Registration Fee for Swans 2024 Swim Season (*or payment plan in place*)
- \$250 Family Volunteer Hours Deposit Fee/Check  
(**not cashed** unless required volunteer hours are not completed by end of season)
- Swimmer's Contract Packet  
(Attendance, Code of Conduct, Social Networking, Handbook Form)
- Completely filled out Vacation Calendar (note *None* for no planned absences)
- Sign up for Spond App for the Sunrise Swans w/at least **(1) Guardian with access**

# 2024 SUNRISE SWANS PAYMENT & FEE STRUCTURE FORM

**Registration for Spring Training/Clinic:** \$100 (or \$50/week)

**Registration for Regular Season:**

All Swimmers \$375

Sibling Discount \$25 off / Sibling

First swimmer pays full price, discount is applied to each additional sibling.

**Early Registration Discount for Returning Swimmers \$25 off / Swimmer**

Discount is applied to all swimmers registered and paid for **by April 11th**

**Deposit For Family Volunteer Hours:** \$250 **(only accepted by Check)**

This check will NOT be cashed unless you do not meet the minimum 20 hours of parent volunteering duties. If you do not plan on volunteering during the season please indicate this and we will deposit your check at the beginning of the season and not bother you to volunteer (NOTE: we would prefer your time rather than your money, however we understand this is not always feasible for all families).

**Payment Plan Available for Season Registration:** For More Info, contact Treasurer

**Scholarships:**

While the Sunrise Swans have no funding for scholarships available at this time, swimmers and families can take it upon themselves to use business sponsorships for their registration fees (sponsorship request letter is on the following page). Depending on the donation amount Companies/Donors will be included in our team sponsorship program as detailed on the Sunrise Swans website (see Sunriseswans.org for details).

**\* Refer a Friend** who signs up for clinic or season and you get a fun \$5 Gift Card

**Make checks payable to Sunrise Swans  
Or Venmo Accepted**

# 2024 Sunrise Swans Swimmer Registration Form

Please be sure to fill out **both sides/pages (2)** of this form completely:

## Swimmer Info

Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Swimmer Cell \_\_\_\_\_

Address \_\_\_\_\_

**T-SHIRT SIZE:** \_\_\_\_\_

My swimmer has permission to sign themselves out at the end of practice.

Parent Initials \_\_\_\_\_

## Parent/ Guardian Info

### Parent Guardian

Name \_\_\_\_\_

Cell Phone \_\_\_\_\_ Alt. Phone \_\_\_\_\_

Email \_\_\_\_\_

### Other Parent Guardian

Name \_\_\_\_\_

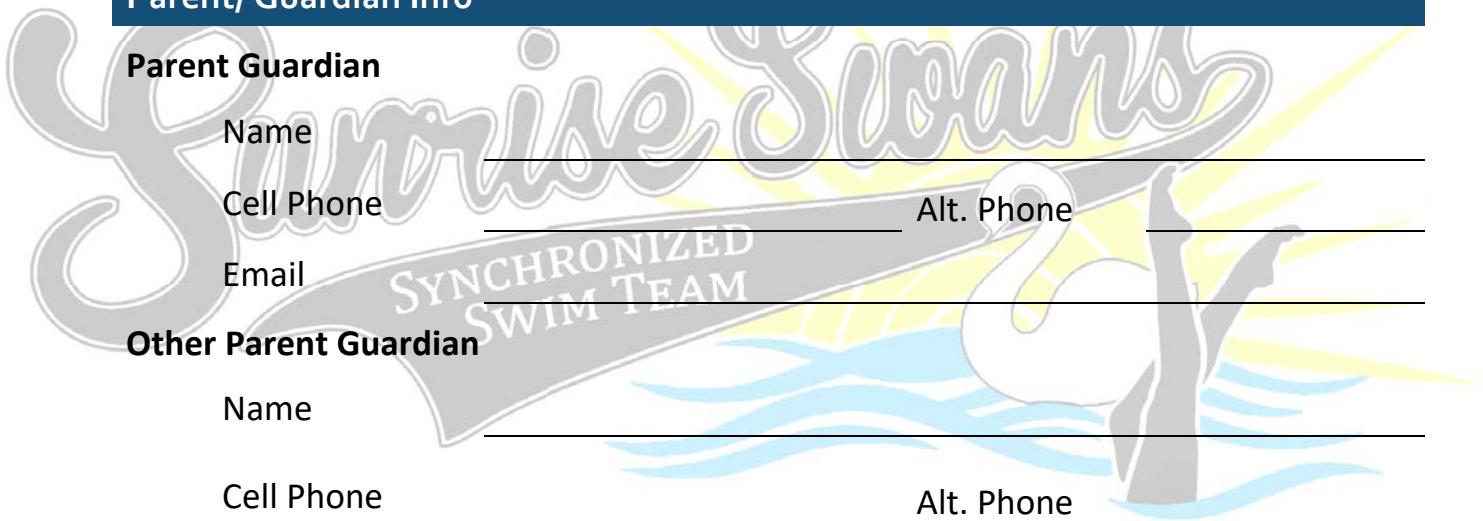
Cell Phone \_\_\_\_\_ Alt. Phone \_\_\_\_\_

Email \_\_\_\_\_

## Alternate Emergency Contacts

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_



# 2024 Sunrise Swans Swimmer Registration Form

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## Insurance Information

Company \_\_\_\_\_ Group \_\_\_\_\_

Primary Member \_\_\_\_\_

## Medical Information

Physician \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Hospital \_\_\_\_\_ Phone \_\_\_\_\_

Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Known Medical Conditions / Allergies: \_\_\_\_\_

## Authorization To Render Emergency Care: (Check the desired action)

In the event of an accident or emergency, the undersigned hereby authorizes a representative of the Sunrise Swans Synchronized Swimming Team, including coaches, lifeguards, and parents volunteers/chaperones, to make such arrangements as he/she considers necessary for the swimmer to receive medical care from an emergency medical team or to be transported to medical facility for further treatment by any licensed physician while the swimmer is under the supervision of the team.

I/We do not choose the above option for the following reason:

\_\_\_\_\_

## Parent / Guardian

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

# Sunrise Swans Synchronized Swim Team 2024 Waiver and Release of Liability

In consideration of being allowed to participate in the Sunrise Swans Synchronized Swim Team events, activities, or programs, I've knowledge and agree that:

1. I understand that I/ my child or ward will be engaging in travel and activities that involve the risk of serious injury, including permanent disability and death, severe social and economic losses and other loss including damage to property.
2. I knowingly and freely assume all such risks.
3. I, for myself, my minor child or ward, and on behalf of my and their heirs and assigns, release, waive, discharge and covenant not to sue Sunrise Swans, it's officers, agents, employees, and sponsors as well as its affiliate clubs, from any and all liability for any and all claims, demands, losses or damages on account of injury, including death and damage to property, whether caused by negligence or otherwise.

This is to certify that, as swimmer (18+) / parent/guardian of this participant, I do consent to his/her waiver and release as set forth above and also agreed to assume all such risks and to waive the right to sue the releases.

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Name of Swimmer

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Signature of Parent/ Guardian / Swimmer 18 +

Print Name

Date

# Sunrise Swans Synchronized Swim Team 2024 Publicity/Media Release Authorization

I, hereby give permission to have my child's picture and name printed in any publicity, website, or media for the purpose of promoting the Sunrise Swans Swim Team.

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Name of Swimmer

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Signature of Parent/ Guardian / Swimmer 18 +

Print Name

Date

# Sunrise Swans Synchronized Swim Team

## 2024 Swimmer's Attendance Contract

**Purpose:** To provide the coaches, as well as each swimmer, with the understanding of expectations required to learn, practice, and perform a synchronized swim routine and figures scheduled for competition. In order to achieve this, swimmers are responsible for honoring the commitment they made when they registered for the team. This contract is based upon the overall principles of a mutual respect for the time and commitment of each swimmer. To help achieve these goals, we ask that all swimmers, parents and coaches read, understand and agree to the following Contract:

### Expectations:

As a member of the Sunrise Swans Synchronized Swim Team, I will strive to meet the following attendance expectations listed below:

- I *will* be at every scheduled practice on time and be ready to learn, practice, or perform the routine(s) in which I am swimming. Additionally, whenever possible, I will practice my routine/figures at home.
- I *will* contact my coaches if an **emergency** arises and I will be late or absent, (wanting to spend time at home, or with friends is **NOT** considered an emergency).
- I understand that others in my routine are depending on me, and my attendance and commitment is vitally important to the success of our routine.
- I further understand that excessive unexcused absences, or failure to follow these expectations, may result in any number of consequences. These may include, but are not limited to:
  - Removal from the routine(s) for **competition** purposes.
  - Dismissal of participation/attendance in one or more meets.
  - Removal from future competition and/or practices and meeting with parent or guardian.

I understand that my compliance with this Attendance Contract is a direct reflection on my commitment to the team as well as me as a responsible member, and I should only conduct myself in a way that brings credit and respect to the Sunrise Swans. If I fail to comply, I voluntarily subject myself to disciplinary action. Depending upon the severity and/or frequency of the incident(s) one or all of the potential disciplinary actions may be taken. I understand that if I want to appeal any disciplinary action, my appeal shall be heard by the Sunrise Swans Parent Board and/or coaching staff.

I understand that by signing this document that I agree to comply with this Swimmer's Attendance Contract.

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Signature of Swimmer

Print Name

Date

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Signature of Parent

Print Name

Date

# Sunrise Swans Synchronized Swim Team

## 2024 Swimmer's Code Of Conduct Contract

Each swimmer is expected to abide by such Swimmer's Code of Conduct. Each **SWIMMER** and a **PARENT/GUARDIAN** must sign the code of conduct to acknowledge receipt of the same and to agree to abide by its terms in order to prevent any misunderstandings.

- Swimmers will treat coaches, officials, parents, volunteers and other swimmers with respect.
- Swimmers will not use abusive or threatening language or gestures towards coaches, officials, parents, volunteers or other swimmers.
- Swimmers shall not engage in fighting or other physical acts towards coaches, officials, parents, volunteers or other swimmers.
- Swimmers shall not damage property at the Antelope Pool, or other pools or the personal property of any swimmer.
- Swimmers shall not lie or steal.
- Swimmers shall not use or possess tobacco, drugs, or alcohol.
- Swimmers shall not commit acts of bullying in any form.
- Swimmers shall not engage in any unsafe behavior.
- Swimmers shall refrain from unsportsmanlike-like conduct.
- Swimmers shall not use or possess weapons.

I have read the Swimmer's Code of Conduct for the Sunrise Swans Synchronized Swim Team. I have reviewed the document with my child. We agree to abide by its terms. Any violation of the code may result in the following disciplinary action, at the discretion of the Sunrise Swans Parent Board and/or coaching staff, as follows:

- First violation – dismissal from the current practice session and potentially the next practice session.
- Second violation – removal from future competition and/or practices and meeting with parent/guardian, swimmer and Sunrise Swans Parent Board and/or coaching staff.
- Third violation – temporary or potentially permanent dismissal from the team without program refund.
- Depending upon the severity and/or frequency of the incident(s) one or all of the potential disciplinary actions may be taken.

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Signature of Swimmer

Print Name

Date

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Signature of Parent/ Guardian

Print Name

Date

# Sunrise Swans Synchronized Swim Team

## 2024 Social Networking Code of Conduct Contract

**Purpose:** To provide every swimmer with the opportunity to enjoy a safe, non-threatening, bully-free environment in which they can reach individual and team goals. This is based upon the overall principles of mutual respect and cooperation. In order to achieve this, swimmers are responsible for maintaining a POSITIVE AND COOPERATIVE attitude at all practices, meets, team events, as well as within social media sites (i.e. Facebook, Instagram, Snapchat, etc.).

**Guidelines:** As a member of the Sunrise Swans Synchronized Swim Team, I will strive to meet the following Social Networking Code of Conduct as listed below:

- At ALL times, when posting comments about this team, or any individual member, I will only encourage good sportsmanship by demonstrating positive support for all players, coaches, officials, volunteers, and our opponents at every meet, practice, or other team event. I will also show respect to all parents, swimmers, and coaches by supporting the values of discipline, loyalty, commitment and hard work, and use only appropriate language when doing so.
- At ALL times, when posting comments, I will treat my Coaches, other swimmers, officials and parents with respect regardless of race, sex, creed or abilities and I will expect to be treated accordingly.
- At ALL times when on a social networking site, if inappropriate comments arise regarding any member of this team (swimmers, coaches, parents), I will choose to not engage in a response, but rather do my best to either ignore, change the topic, or respond by identifying the inappropriateness of the comment.
- I understand that failure to follow these guidelines completely will not be tolerated from any member of the team and may result in disciplinary action. This discipline may include, but may not be limited to:
  - Removal from future competition and/or practices and meeting with parent or guardian.
  - Dismissal or termination of participation/attendance in one or more practices/meets.
  - Dismissal or termination of participation/attendance for the season without program refund.

I understand that my compliance with this Social Networking Code of Conduct is a direct reflection on the team, as well as myself. Depending upon the severity and/or frequency of the incident(s) one or all of the potential disciplinary actions may be taken. I understand that if I want to appeal any disciplinary action, my appeal shall be heard by the Sunrise Swans Parent Board and/or coaching staff.

I understand that by signing this document that I agree to comply with this Social Networking Code of Conduct.

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Signature of Swimmer

Print Name

Date

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Signature of Parent

Print Name

Date



# Sunrise Swans Synchronized Swim Team

## 2024 Handbook Acknowledgment

By signing below you acknowledge that you received a [2024 Sunrise Swans Team Handbook](#). You understand and agree to the contents and any questions have been brought to the board for review.

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Signature of Swimmer

Print Name

Date

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Signature of Parent

Print Name

Date

# Sunrise Swans Synchronized Swim Team

## Volunteer Requirements

**By signing below you acknowledge that you understand the following:**

- "Parent Volunteer Requirements" as stated in the [2024 Sunrise Swans Team Handbook](#), page 6-8.
- You have given the **\$250.00 required volunteer deposit** and understand this check serves as a deposit towards the required volunteer hours during the season and will not be cashed unless the volunteer requirement is not completed by the end of the season.
- You understand and agree to the contents and any questions have been brought to the board for review.

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Signature of Parent

Print Name

Date