

Swimmer Name: _____

Guardian Name: _____

Parent Board Member Approval: _____

Session Preference (Please rank preference order of all you are interested in, 1 for most desired)

_____ Session 1: June 29-July 9, Mon/Wed, 4:30-6:30pm

_____ Session 2: June 29-July 9, Tues/Thurs, 4:30-6:30pm

_____ Session 3: July 13-July 23, Mon/Wed, 4:30-6:30pm

_____ Session 4: July 13-July 23, Tues/Thurs, 4:30-6:30pm

Check here if you would like as many sessions as possible



Sunrise Swans Registration Checklist 2020

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

- Registration form
- Completed Release of Liability
- Publicity Release/ Sign Out Preference Form
- Code of Conduct (Signed by swimmer and parent)
- Signed Social Networking Code of Conduct Form (Signed by swimmer and parent)
- COVID-19 Procedures/ Screener
- \$40 Per Session*

Sunrise Swans

2020 Membership Registration Form

Please be sure to fill out **both sides** of this form completely:

Swimmer Info

Name _____ Birthdate _____

Swimmer Cell _____ Not Applicable

Address _____

Parent/ Guardian Info

Parent Guardian

Name _____

Cell Phone _____ Alt. Phone _____

Email _____

Other Parent Guardian

Name _____

Cell Phone _____ Alt. Phone _____

Email _____

Alternate Emergency Contacts

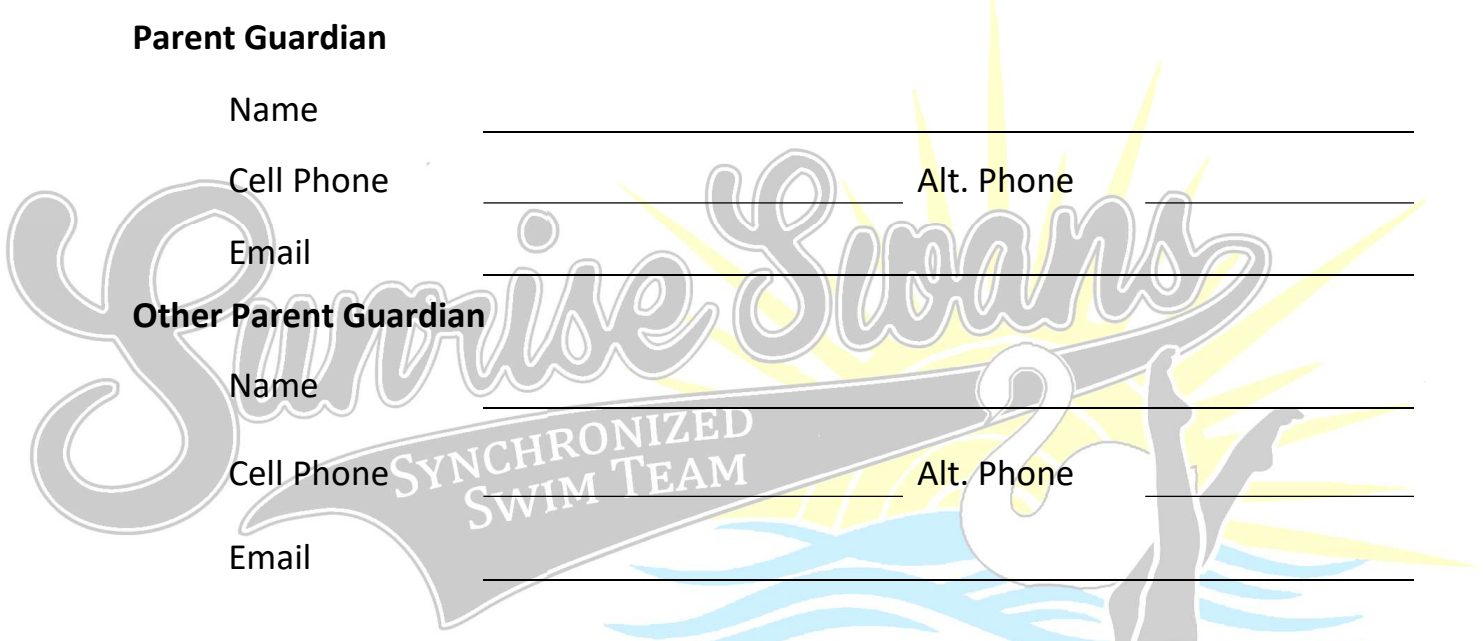
Name _____ Phone _____

Name _____ Phone _____

Insurance Information

Company _____ Group _____

Primary Member _____



Sunrise Swans

2020 Membership Registration Form

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

2020 Waiver and Release of Liability

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

1. I understand that I (or if the participant is a minor) 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.

Name of Swimmer

Signature of Parent/ Guardian / Swimmer 18 +

Print Name

Date



Sunrise Swans Synchronized Swim Team

2020 Publicity/Media Release Authorization

Circle your preference below:

I **do / do not** give permission to have my child's picture printed in any publicity, website, or media for the purpose of promoting the Sunrise Swans.

Name of Swimmer

Signature of Parent/ Guardian / Swimmer 18 +

Print Name

Date

2020 Swimmer Sign Out Preference

All swimmers **MUST** be signed out before exiting the gates of Rusch Park Diving pool after every practice. Please choose one option below:

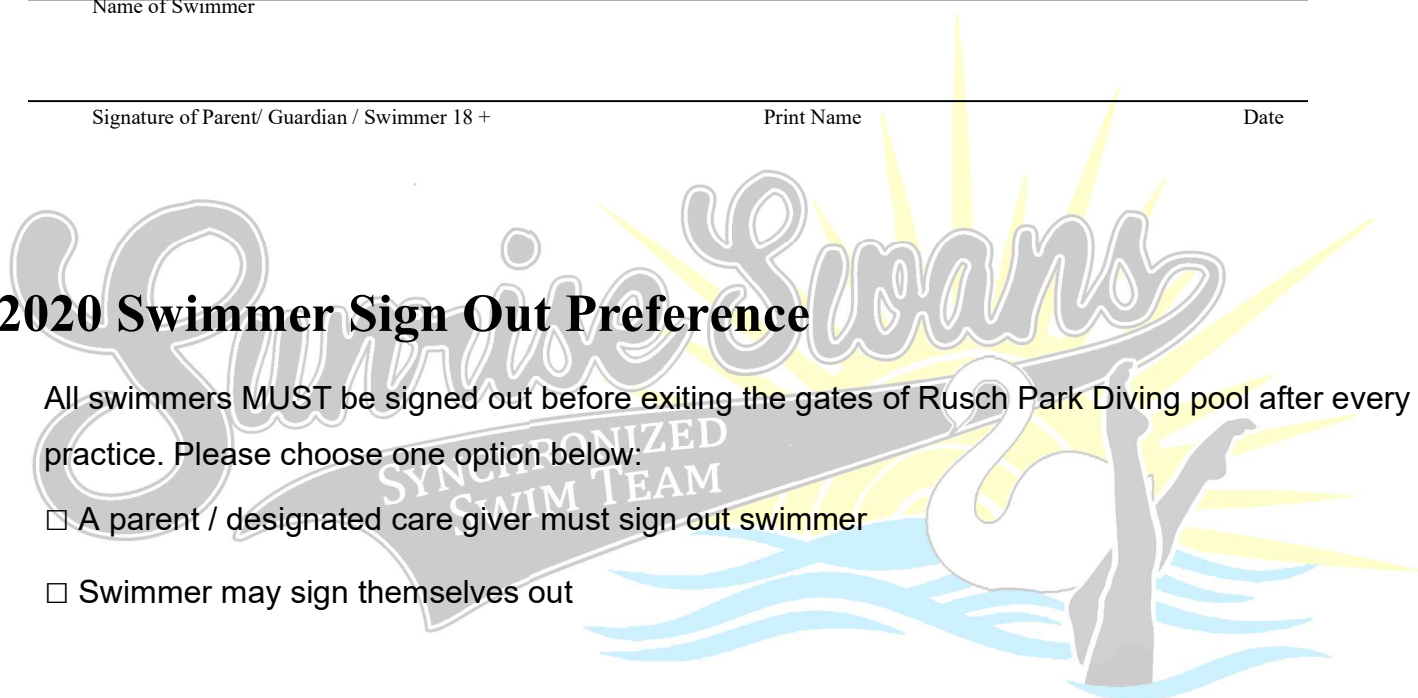
- A parent / designated care giver must sign out swimmer
- Swimmer may sign themselves out

Name of Swimmer

Signature of Parent/ Guardian / Swimmer 18 +

Print Name

Date



Sunrise Swans Synchronized Swim Team

2020 Swimmer's Code Of Conduct

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 Rusch Pool, or other pools or the personal property of any swimmer.
- Swimmers shall not lie.
- Swimmers shall not 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 District Staff's discretion:

- 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 District 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.

Signature of Swimmer

Print Name

Date

Signature of Parent/ Guardian

Print Name

Date

Sunrise Swans Synchronized Swim Team

2020 Social Networking Code of Conduct

Purpose: The purpose of this Code of Conduct is 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 within the network of social media sites (e.g. Facebook, Twitter, etc.). 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 (mentioned above).

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 meets/practices.
 - 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 on me, 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 Recreation and Park District, the Sunrise Swans Parent Board, and coaching staff.

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

Signature of Swimmer

Print Name

Date

Signature of Parent

Print Name

Date

SAFETY PROCEDURES/SCREENING RELATED TO COVID-19:

Sunrise Swans are dedicated to following all CDC, state, and local guidelines to ensure our team members, their families, and our community stay as healthy as possible. We will continue to adopt new/changing guidelines as they come in. Some examples of how we'll be practicing and maintaining the health and safety for our swimmers are:

- COVID screener (below) must be filled out and signed to ensure that each swimmer entering the facility is healthy – if any answers to these questions change a coach or board member **MUST** be notified immediately and swimmer should stay home.
- There will be temperature checks at the gate for everyone who enters.
- We will be practicing social distancing at all times during the clinic (stretching and in the pool).

COVID-19 SCREENER

- Has your child or anyone in your household tested positive for Covid-19? ___ yes ___ no
 - If so, your child is not permitted to attend unless and until they have isolated for 10 days from positive test or 3 days past first symptom free day, whichever is longer.
- Is your child or anyone in your household awaiting test results for a Covid-19? ___ yes ___ no ___
 - If so, your child may not attend unless/until they receive a negative test and then only if they are not living with anyone who has tested positive for Covid-19, who is suspected of having Covid-19 or who is awaiting a test for Covid-19.
- Your child may not attend if they have had any of the following symptoms within the last 14 days:
 - Runny Nose
 - Cough
 - Shortness of breath/difficulty breathing
 - Fever
 - Chills
 - Muscle pain
 - Headache
 - Sore throat
 - New loss of taste or smell
 - Nausea or vomiting
 - Diarrhea
- If your child has any of the following conditions, it is highly recommended that your child not attend.
 - Lung problems or respiratory conditions (i.e. asthma)
 - Heart conditions
 - Cancer
 - Diabetes
 - Any immunosuppressing illness or medications

By signing below, you agree to temperature checks and you certify that your child is not disqualified from attending. By signing below, you further understand that should your child exhibit any of the above symptoms at any time during the clinic that they will be immediately separated from the group and you will be expected to pick up your child within 30 minutes of being contact.

Signature of Parent

Print Name

Date