

# Lightning Swimming Registration Check-List Winter 2011-2012

Please check off the items in the space provided on this sheet and turn it in at registration. This will ensure that ALL forms have been filled out and handed in.

THANK YOU

## **\*\* Completed CWC Program Registration Form**

### **Registration Check Off**

#530901A	Bronze	\$ 325.00
#530901B	Silver	\$425.00
#530901C	Gold	\$ 525.00
#530901D	Gold B HIGH SCHOOL	\$ 225.00

**Out of District #205 Swimmers please add \$ 80**

\*\*\* If you choose to do a 1/2 payment method please post date the 2nd check for December1, 2011 \*\*\*

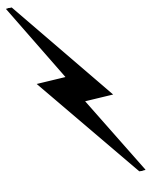
Total \_\_\_\_\_

Dry Land will be offered thru **SETTA PERFORMANCE**

Please contact Nicholas Setta at 708-990-1587 or

[nsetta@settaperformance.com](mailto:nsetta@settaperformance.com) for information.

1. LHSC Directory Consent For
2. LHSC Medical Authorization and Release Form
3. Parent's/Guardian's Financial Code of Conduct
4. Parent Behavior Code of Conduct Form
5. Swimmer's Code of Conduct Form
6. LHSC Photo Consent Form
7. LHSC Parent Volunteer Form and check (**check is not cashed**)  
Post marked check for March 1, 2012 made payable to LTHS for \$300.
8. LHSC Fundraising Fee (\$100 check for Ad Book)
9. USA Swimming Registration Fee (**valid through December 2012**) \$60  
**Please make checks payable to "IL Swimming"** All Swimmer's are required to purchase when registering.



# Lockport Homer Swim Club

## Directory Consent Form

Winter Season 2011/2012



**In order to maintain good communications, LHSC would like to distribute a team phone/contact director. This will be helpful by making it possible for our team families to contact each other regarding schedule changes, meet information, social events, carpooling, help with driving directions, etc. Although we currently have a team website and mailbox system in place, there are times when email notification and/ or phone contact would be helpful amongst teammates. Please fill out the form as complete as possible. Items that you fill out may be printed in the directory. Information you leave blank will not be published.**

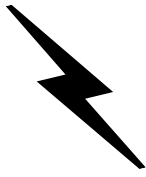
Swimmer name(s): \_\_\_\_\_ Birthday/Age: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Mother's name: \_\_\_\_\_  
 Mother's Home phone: \_\_\_\_\_  
 Mother's Cell: \_\_\_\_\_  
 Mother's email: \_\_\_\_\_  
 Mother's Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Mother's Email: \_\_\_\_\_

Father's name: \_\_\_\_\_  
 Father's Home phone: \_\_\_\_\_  
 Father's Cell: \_\_\_\_\_  
 Father's email: \_\_\_\_\_  
 Father's Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Father's Email: \_\_\_\_\_

If parent/guardians do not live together, please indicate which household the swimmer(s) reside in, or which I give my consent to be contacted via phone or e-mail as an additional means of communication by our LHSC team members

Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Lockport Homer Swim Club

## Medical Release Form

Winter Season 2011/2012



Swimmer's name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Parent/guardian name: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_  
 Business phone: \_\_\_\_\_  
 Cell phone: \_\_\_\_\_  
 Additional phone: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Friend/relative name: \_\_\_\_\_  
 Friend/relative phone: \_\_\_\_\_  
 Primary physician: \_\_\_\_\_  
 Physician's phone: \_\_\_\_\_  
 Medical Ins. Co.: \_\_\_\_\_  
 Policy number: \_\_\_\_\_  
 Drug/food allergies: \_\_\_\_\_  
 Present medications: \_\_\_\_\_  
 Date of last tetanus  
 Booster: \_\_\_\_\_

As a parent/guardian, I do herewith authorize the treatment of my son/daughter by a qualified and licensed medical doctor in the event of a medical emergency which in the opinion of the attending physician may endanger his or her life, cause disfigurement, physical impairment, or undue discomfort if delayed.

The above named swimmer has our permission and consent to travel with the Lockport Homer Swim Club and to participate in USA Swimming sanctioned swim meets. In the event of illness or injury to said swimmer while traveling to or from, or while participating in, and such meet or LHSC sponsored activity, and after an attempt has been made to reach a parent/guardian of the child informing them of such illness or injury, either Lockport Homer Swim Club coaches, or any official chaperone, is hereby authorized to contact for an authorized treatment by a physician or dentist for said swimmer as fully as we or either of us could do is we were present. In consideration of said child being permitted to travel with the participate in the activities of the Lockport Homer Swim Club, and the further consideration of the coaches and/or official chaperone accompanying the team, we do hereby release and agree to hold harmless, unless negligence is involved, the Lockport Homer Swim Club, the coaches, and official chaperones from all and any claims , liability, costs and expenses arising out of or resulting from said swimmer going on any such trip, participating in any such meet or activity, or from procurement of medical treatment for said swimmer as aforesaid.

This release form is completed and signed of my own free will and is valid from September 2011- March 2012

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

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



**Parents/Guardian's  
Financial Code of Conduct**  
Winter Season 2011/2012



1. I understand that all training fees and any outstanding balance(s) are due at the time of registration.

Failure to pay will result in my Swimmer(s) not being allowed to participate in the LHSC program.

**I also understand that training fees are non-refundable after the first two (2) weeks of practice, from the Official start time of the swimmer's respective season.**

2. I will pay my bills according to the LHSC/CWC payment plan, of 50% due at Registration and 50% due on December 1, 2011

*I understand that my child may be suspended for failure to pay.*

3. **I will notify the coaches in writing if my child leaves LHSC.** I further understand that I may be ineligible for a refund based on the program policy.
4. I will notify the coaches in writing of any changes in out meet entries. I understand that changes in meet entries will NOT be honored after a meet is entered. I further understand that once an ISI entry is sent there will be no refunds if my swimmer does not attend.
5. I understand that **family participation at ALL home** meets and fundraising is an element of LHSC team obligations.

I agree to volunteer to work a minimum of three **(3) dual meets**, or other team activity, **the conference meet**, two **(2) Sessions at OKtober SwimFest**, **donate product for the concession stand** and participate in **fundraising** to meet this obligation. I understand if I do **NOT** meet these obligations I forfeit my deposits.

6. I understand that ISI fees must be paid in order for my child to participate in the LHSC program. Once your request to swim in an ISI meet is submitted, you are responsible to pay regardless of illness or missed events on the day of the meet.

Parent/Guardian Signature: \_\_\_\_\_

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



# Lockport Homer Swim Club Parent Behavior Code of Conduct Winter Season 2011-2012



As a Parent/ Guardian of a swimmer and member of the Lockport Homer Swim Club (LHSC) I will abide by the following guidelines:

1. Practice **TEAMWORK** with all parents, Swimmers and Coaches by supporting the values of **DISCIPLINE, LOYALTY, COMMITMENT** and **HARD WORK**.
2. As a Parent I will **NOT** coach or instruct the team or any swimmer at practice or meets (from the stands or any other area) or interfere with the Coaches on the pool deck.
3. Demonstrate good Sportsmanship by conducting myself in a manner that earns respect of my child, other swimmers, parents, officials and the coaches at meets and practices.
4. Maintain self- control at all times. Know my role:

**SWIMMERS – Swim**  
**COACHES – Coach**  
**OFFICIALS – Officiate**  
**PARENTS – Parent**

5. As a parent, I understand that criticizing, name-calling, use of abusive language or gestures directed toward the coaches, officials and/ or swimmers will **NOT** be permitted or tolerated.
6. Enjoy the involvement with LHSC by supporting the swimmers, coaches, and other parents with positive communication and actions.
7. During competitions, questions or concerns regarding decisions made by the meet officials are to be directed to a member of our coaching staff. Parents address officials via coaching staff **ONLY**.
8. I will arrange for a personal meeting with the coach should I have questions or concerns.

**SANCTIONS:** Should I conduct myself in such a way that brings discredit or discord to LHSC, or USA/ISI Swimming, I voluntarily subject myself to disciplinary action. LHSC reserves the right to terminate any membership or enact other restrictions which it deems necessary in the interest of our vision and objectives.

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Parent/Guardian Signature

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Date



Lockport Homer Swim Club  
**Swimmer's Code of Conduct**



Winter 2011/2012

(One per swimmer)

1. Be humble in both victory and defeat; behave with class and pride.
2. Remember that you represent your team and your city at ALL times.
3. Treat all coaches, officials, and other authority figures with respect, including personnel from other teams.
4. Remember we are guests at Lockport Township high School, and all other facilities.  
**NO ACTS OF VANDALISM WILL BE TOLERATED!**
5. At all times swimmers must follow the directions of any member of the coaching staff. Follow all pool rules in all facilities, and refrain from the use or possession of alcohol, Tobacco or any non- prescribed drug.

*These guidelines are designed to protect the Swimmers, Parents, and Staff of the Lockport Homer Swim Club. Failure to follow the Code of Conduct may result in Swimmers. Being billed for damages, sent home from practice or a meet or dismissed from the team.*

\_\_\_\_\_  
Swimmer's signature

\_\_\_\_\_  
Date

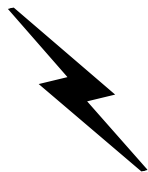
\_\_\_\_\_  
Parent's signature

\_\_\_\_\_  
Date

Lockport Homer Swim Club

**Photo Consent Form**

Winter 2011/2012



\_\_\_\_\_ I give my consent to Lockport Homer Swim Club (LHSC) to post pictures of my child(ren) on the LHSC web page and/or on the team bulletin board.

\_\_\_\_\_ I DO NOT give my consent to Lockport Homer Swim Club (LHSC) to post pictures of my child(ren) on the LHSC web page and/or on the team bulletin board.

Swimmer name(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent name: \_\_\_\_\_

Parent signature: \_\_\_\_\_

 **Lockport Homer Swim Club**  
**VOLUNTEER Fee**  
**\$300 per Family** 

**Family Last Name:** \_\_\_\_\_

**Swimmer(s) Name(s):**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Check Here;

\_\_\_ Yes, I will be participating in volunteering-  
please hold my check.

\_\_\_ No, I will Not be participating in volunteering-  
please deposit my check.

I agree to volunteer to work a minimum of three (3) dual meets, or other team activity, the conference meet, two (2) Sessions at OKtober SwimFest ,donate product for the concession stand, and participate in fundraising to meet this obligation. I understand if I do NOT meet these obligations I forfeit my deposit. *I also understand that if I choose to let my Child participate in ISI meets that I may be required to time, and that this is in addition to my three (3) required dual meets. Furthermore, I understand that if I refuse to time my Child may not be entered in ISI meets that require timers from LHSC.*

SIGNATURE \_\_\_\_\_

Payment Type:    Check # \_\_\_\_\_    Cash \_\_\_\_\_

Credit Card:        MasterCard        Visa  
CC# \_\_\_\_\_    Expiration Date

 **Lockport Homer Swim Club**  
**FUNDRAISING Fee**   
**\$100 per Family**

**Family Last Name:** \_\_\_\_\_

**Swimmer(s) Name(s):** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Check Here;

\_\_\_ Yes, I will be participating in fundraising

\_\_\_ No, I will Not be participating in fundraising-  
please just deposit my check.

**For the winter 2011-2012 LHSC will be selling ads  
for our annual OKtober SwimFest ad book, and  
Savory Foods cookie dough.**

# LOCKPORT TOWNSHIP HIGH SCHOOL COMMUNITY WELLNESS CENTER REGISTRATION FORM

1333 E. 7<sup>th</sup> Street  
Lockport, IL 60441  
815-588-8400 office  
815-588-8409 fax  
www.lths.org

**HEAD OF HOUSEHOLD'S FIRST AND LAST NAME:** \_\_\_\_\_

**PARTICIPANT'S LAST NAME:** \_\_\_\_\_ **TODAY'S DATE:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **CITY:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_ **EMERGENCY PHONE:** \_\_\_\_\_

CLASS CODE	PARTICIPANT'S FIRST NAME	GENDER	BIRTHDATE	PROGRAM	T-SHIRT SIZE	FEE

**WAIVER AND RELEASE OF ALL CLAIMS AND HOLD HARMLESS AGREEMENT FOR LTHS SCHOOL DISTRICT 205**

Please read this form carefully and be aware that in signing up and participating in the program (s) you will be waiving and releasing all claims for injuries you or the participant (s) might sustain from these programs.

"As a participant or guardian of a participant in the program, I recognize and acknowledge that there are certain risks of physical injury and agree to assume that full risk of any injuries, including death, damages or loss which I or the above participants may sustain as a result of participating in any and all activities connected with or associated with such program."

"I agree to waive and relinquish all claims I or the above participants may have as a result of participating in the program against the school district and its officers, agents, servants and employees."

"I do hereby fully release and discharge the school district and its officers, agents, servants and employees from any and all claims from injuries, including death, damage or loss which I or the above participants may have, or which may accrue to me (us) on account of participation in the program."

"I further agree to indemnify and hold harmless and defend the school district and its officers, agents, servants and employees from any and all claims resulting from injuries, including death, damage and losses sustained by me or the above participants arising out of, connected with, or in any way associated with the activities of the program."

Programs will not be refunded after the start of the program except for medical excuse (Doctor's note required) or relocation out of the area. All refunds will be prorated from the time of the request and an administrative fee will be charged. Refund Request Forms are available at the CWC Office.

I have read and fully understand and accept the program details, policies and procedures and waiver and release of all claims.

\_\_\_\_\_  
**Signature of Participant**

\_\_\_\_\_  
**Signature of Parent or Guardian if under 18**

**PAYMENT METHOD:**     Cash     Gift Certificate    Check # \_\_\_\_\_

**Charge:**    Visa # \_\_\_\_\_    Expiration Date: \_\_\_\_\_

                  Master Card # \_\_\_\_\_    Expiration Date: \_\_\_\_\_

**Authorized Signature:** \_\_\_\_\_    **Clerk's Initials** \_\_\_\_\_    **Total Fees: \$**



REG. DATE / OFFICE USE ONLY

Grid for registration date

PLEASE PRINT LEGIBLY • COMPLETE ALL INFORMATION:

LAST NAME, LEGAL FIRST NAME, MIDDLE NAME

PREFERRED NAME, DATE OF BIRTH (MO./DAY/YR.), SEX (M/F), AGE, CLUB CODE, NAME OF CLUB YOU REPRESENT

FATHER/GUARDIAN LAST NAME, FATHER/GUARDIAN FIRST NAME, MOTHER/GUARDIAN LAST NAME, MOTHER/GUARDIAN FIRST NAME

MAILING ADDRESS

CITY, STATE, ZIP CODE

AREA CODE, TELEPHONE NO., FAMILY/HOUSEHOLD E-MAIL ADDRESS

U.S. CITIZEN? YES NO

ARE YOU A MEMBER OF ANOTHER FINA FEDERATION? YES NO

IF YES, WHICH FEDERATION:

- DISABILITY: A. Legally Blind or Visually Impaired, B. Deaf or Hard of Hearing, C. Physical Disability such as amputation, cerebral palsy, dwarfism, spinal injury, mobility impairment, D. Cognitive Disability such as mental retardation, severe learning disorder, autism

- RACE AND ETHNICITY (You may make up to two choices if appropriate): Q. Black or African American, R. Asian, S. White, T. Hispanic or Latino, U. American Indian & Alaska Native, V. Some Other Race, W. Native Hawaiian & Other Pacific Islander

MAKE CHECK PAYABLE TO:

Illinois Swimming, Inc.
Illinois Swimming
1400 E Touhy Ave
Suite 245
Des Plaines, IL 60018

MAIL APPLICATION & PAYMENT TO:

REGISTRATION FEE table with rows for USA Swimming Fee (\$47.00), LSC Fee (\$13.00), and TOTAL DUE (\$60.00)

YEAR LAST REGISTERED: IF YOU REGISTERED WITH A DIFFERENT USA SWIMMING CLUB IN 2010, ENTER THAT CLUB CODE: LSC CODE: AND THE DATE OF YOUR LAST COMPETITION REPRESENTING THAT CLUB:

HIGH SCHOOL STUDENTS - Year of high school graduation:

SIGN HERE x SIGNATURE OF ATHLETE, PARENT OR GUARDIAN

USA Swimming occasionally makes its membership list available to its marketing partners. Please notify USA Swimming's Member Services Dept. at 719/866-4578 if you do not wish to receive these mailings. Check if you would like to learn more about the USA Swimming Foundation's initiatives. Check if you would like to receive the electronic USA Swimming Newsletter (must be 13 years of age or older)