



# Lockport Homer Swim Club

## Directory Consent Form

Winter Season 2009/2010



**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 Information you leave blank will not be published.**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: \_\_\_\_\_  
\_\_\_\_\_

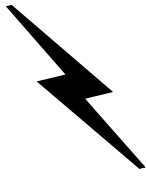
Mother's Email: \_\_\_\_\_

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 2009/2010



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: \_\_\_\_\_

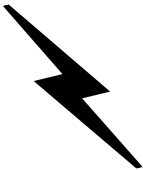
As a parent/guardian, I do herewith authorize the treatment of my son/daughter by a qualified and licensed medical doctor in the event of a medical emergency which in the opinion of the attending physician may endanger his or her life, cause disfigurement, physical impairment, or undue discomfort if 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 2009- March 2010

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

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



**Parent's/Guardian's  
Financial Code of Conduct**  
Winter Season 2009/2010



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, 2009

*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 two (2) meets, or other team activity and the conference meet, two (2) Sessions at OKtober SwimFest 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 2009-2010**



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 2009/2010

(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

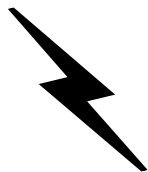
\_\_\_\_\_  
Parent's signature

\_\_\_\_\_  
Date

Lockport Homer Swim Club

**Photo Consent Form**

Winter 2009/2010



\_\_\_\_\_ 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**  
**\$250 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.

My requirement is 2 home meets, and Conference (if hosting). If I do not fulfill this requirement I know that the amount above will be due by the end of the season.

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.