**-------MASTERSON STATION** Manta Rays

**2018 Registration Forms**

**Registration Application & Authorization for Treatment (Form A)**

Registration fees for the Masterson Station Swim Team are outlined in the Parent and Swimmer Handbook. Team suits, goggles, etc., and social event expenses are the parent’s responsibility. No refunds will be issued for any reason after the second meet of the season.

I do hereby allow (list all children’s names) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

to participate on the Masterson Station Swim Team and agree to the above terms. In order to participate in swim meets, I understand the swimmer(s) must attend practices, with the exception of illness or prearranged absences (camps, vacations, etc). swim team activities, and in consideration for the right of the above named child/children to participate, the undersigned hereby release and hold harmless the Masterson Station Swim Team, their agents, servants, successors and assigns, from any and all liabilities, claims, demands, actions, causes of actions, damages, costs, expenses and compensation of any kind or nature, known or unknown, foreseen or unforeseen, on account of any unintentional and/or negligent conduct resulting in any injury to the person or property of the undersigned and/or the above named child/children while competing in, officiating in, observing of or for any other purpose participating in any swim team activities, whether on or off the Masterson Station Swim Team premises or property.

Full Name Birth Date/Age Male or Female

Full Name Birth Date/Age Male or Female

Full Name Birth Date/Age Male or Female

Full Name Birth Date/Age Male or Female

**Parent/Guardian Information**

Mother and Father’s Name

Address

Phone E-mail

Insurance Company(optional) ID #

( )

Doctor Doctor Phone Number

Are there any Allergies or Medical Problems? If yes, please explain. Yes No 

If necessary, a medical release from your child’s physician may be requested to clear your child for competitive swimming.

Please list any medications your child is presently taking.

This document gives consent to any hospital, emergency treatment center, and the employees or physician thereof to administer treatment and care. In the event that I cannot be reached in an emergency, I give permission to treat and care, to hospitalize, to secure proper anesthesia, to order injection, or to authorize surgery for my child.

Signature of Parent/Guardian Date

**Form (B)**

**MASTERSON STATION MANTA RAYS**

**Parent Volunteer Commitment Form**

**2018**

**We require each parent to volunteer for four meets and the conference.**

Parent Name

Address

Swimmers’ Names

Home: Work: Cell:

Phone Numbers

E-Mail Address

Can one or both parents volunteer at each meet?

2018 Meet Schedule (Circle at Least 4 meets)

Wednesday June 6th Bye Week

Wednesday June 13th Pinnacle AWAY First Half/Second Half

Wednesday June 20th Firebrook/Equestrian Woods HOME First Half/Second Half

Wednesday June 27th Copperfield AWAY First Half/Second Half Wednesday July 3rd Waterford/Wilmore HOME First Half/Second Half

Wednesday July 11th PALOMAR HOME First Half/Second Half

Saturday/Sunday July 14th and 15th Conference @ FIREBROOK Sign Ups TBA

Volunteer positions I am interested in :

TIMER RUNNER

SCORE KEEPER STROKE AND TURN JUDGE

CONCESSIONS BULL PEN

LANE WORKERS SET UP

CLEAN UP FALSE START ROPE /EVENT BOARD

**Form (C)**

**Swimmer Code of Conduct**

(All swimmers in the same family may sign one form.)

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ as a member of the Masterson Station Manta Ray Swim Team, am part of a swimming organization that believes teamwork, integrity, respect and good sportsmanship are more important than winning. By signing this code of conduct, I agree to follow the rules for behavior and sportsmanship while I am a member of the Manta Ray Swim Team.

**I can only be one person at a time. I will know my role.**

**Swimmers – Swim**

**Coaches – Coach**

**Officials – Officiate**

**Parents - Parent**

**PART ONE – GENERAL CONDUCT**

The athlete participating with the Masterson Station Manta Ray Swim Team agrees to abide by the guidelines below:

1. I promise to show respect and common courtesies at all times to the team members, coaches, competitors, officials, parents and for all facilities and other property used during practices, competition and team activities.
2. I promise to demonstrate good sportsmanship during all practices, competitions, and team activities.
3. I will be an active participant in all team practices, competitions, fundraising events and other team activities.
4. I will come to all team sponsored events in the appropriate attire.
5. I will respect the coaches’ and officials’ instructions and will make every effort to be on time for workouts, competitions, and team events.
6. I will refrain from foul language, violence, behavior deemed dishonest, discourteous, disrespectful, or offensive to others.
7. I will swim for myself, not my parents and coaches.
8. I understand how hard I work in practice effects how I perform in meets.
9. I understand how often I attend practice effects how I perform in meets.
10. I understand that I am a part of a team and my actions impact the whole team.

**PART TWO – VIOLATION OF THE CODE**

The coaches/board have the power to impose the following penalties for violation of the Masterson Station Manta Ray Swim Team Swimmer Code of Conduct. The penalties include, but are not limited to, the following:

1. The swimmer will be given a verbal warning.
2. The swimmer will be sent home with a written warning and the coach will contact the parent.
3. The swimmer will need to be accompanied by a parent at practice for four(4) consecutive days.
4. If the swimmer continues his/her behavior, he/she will suspended for one week. (There will no prorated fee for dues)
5. If the swimmers disciplinary problem continues, the swimmer and parent will meet with the coach and board to discuss the problem further.

I have read and understand the Masterson Station Manta Ray Swim Team Code of Conduct and have reviewed it with a parent/guardian.

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Swimmers Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature Manta Ray Representative Signature

**Form (D)**

**Parent Code of Conduct**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_as a member of the Masterson Station Manta Ray Swim Team, am part of a swimming organization that believes teamwork, integrity, respect and good sportsmanship are more important than winning. By signing this code of conduct, I agree to follow the rules for behavior and sportsmanship while I am a member of the Manta Ray Swim Team.

**I can only be one person at a time. I will know my role.**

**Swimmers – Swim**

**Coaches – Coach**

**Officials – Officiate**

**Parents - Parent**

**PART ONE – GENERAL CONDUCT**

The parent/guardian supporting the Masterson Station Manta Ray Swim Team agrees to abide by the guidelines below:

1. I promise to show respect and common courtesies at all times to the team members, coaches, competitors, officials, parents and for all facilities and other property used during practices, competition and team activities.
2. I promise to demonstrate good sportsmanship during all practices, competitions, and team activities.
3. I will be an active participant in all team practices, competitions, fundraising events and other team activities and will volunteer in at least four swim meets and the conference.
4. I will come to all team sponsored events in the appropriate attire.
5. I will respect the coaches’ and officials’ instructions and will make every effort to be on time for workouts, competitions, and team events.
6. I will refrain from foul language, violence, behavior deemed dishonest, discourteous, disrespectful, or offensive to others.
7. I will pay my fees on time.
8. I will address any concerns with the coach in private. I will meet with the coaches during normal business hours before or after practice/ meets.
9. I understand that the Board of Directors oversees the direction of the coaching staff.
10. I understand the coaches are professionals and I will allow them to coach my child without interference during workouts and meets. I will trust and support the coaches decisions around goal setting, training commitments, and swim event entries.
11. I understand the swimming is a labor intensive sport and that it is necessary for me to work a two hour shifts at least 4 meets.
12. I understand the any questions about disqualifications and judging during a meet should be directed to the coach.
13. I understand that if I have been convicted of a felony involving a minor or if there are any pending legal felony issues involving a minor I cannot serve in a volunteer role for the team.

**PART TWO – VIOLATION OF THE CODE**

The coaches/board have the power to impose penalties for violation of the Masterson Station Manta Ray Swim Team Parent Code of Conduct. Individual violations of the parent code of conduct will be reviewed by the coaching staff and board of directors. We will make every effort to resolve any issues to the satisfaction of everyone involved. If there is a concern of an immediate threat to a swimmer or staff the parent will be asked to leave the event or practice.

I have read and understand the Masterson Station Manta Ray Swim Team Code of Conduct.

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Parent/ Guardian Signature Date