



2021 Summer Registration Form

(Please use one form for each swimmer)

Swimmers Name: _____ Sex: _____ DOB: _____ Age on 6/1/21: _____

Family Address: _____ City: _____ Zip: _____

Family Email: _____

Family Cellular Phone: _____ Cell Carrier: _____
(Used for text communication)

Prior Swim Team Experience: _____

Swimmer Shirt Size

YS YM YL S M L XL

(Circle one)

Parent/Guardian 1

Name: _____ Cellular Phone: _____

E-mail: _____ Home/Work Phone: _____

Address: _____ City: _____ Zip: _____
(If different from above)

Parent/Guardian 2

Name: _____ Cellular Phone: _____

E-mail: _____ Home/Work Phone: _____

Address: _____ City: _____ Zip: _____
(If different from above)

Please Note:

Swimmers must be able to swim one length of the pool continuously and without assistance

STAFF USE ONLY

Amount Paid: _____ Cash Card Type: _____ Check #: _____ Date: _____ FD Init: _____

COACHING STAFF USE ONLY

Team Unify _____
(Date Entered)

Team Manager _____
(Date Entered)

Practice Group: _____

Medical Waiver

Photo Release

Expectations Sheet

2021 Summer Emergency Medical Waiver

(Please complete one form for each swimmer)

SWIMMER NAME: _____

DOES YOUR CHILD HAVE ANY CHRONIC ILLNESS? YES NO

IF YES, EXPLAIN: _____

IS YOUR CHILD CURRENTLY ON ANY MEDICATION? YES NO

IF YES, EXPLAIN: _____

DOES YOUR CHILD HAVE ANY ALLERGIES? YES NO

IF YES, EXPLAIN: _____

HAS YOUR CHILD HAD A TETANUS INJECTION? YES NO

DATE OF LAST INJECTION: _____

EMERGENCY CONTACT (OTHER THAN PARENT): _____

EMERGENCY CONTACT PHONE: _____

WE WILL ATTEMPT TO CONTACT PARENTS, GUARDIANS, OR THE EMERGENCY CONTACT LISTED ABOVE. IF THE LISTED CONTACTS ARE NOT AVAILABLE, I HEREBY GIVE PERMISSION TO THE PHYSICIAN NAMED BELOW TO SECURE PROPER TREATMENT, HOSPITALIZE AND ORDER INJECTION, ANESTHESIA OR SURGERY AS NEEDED FOR MY CHILD. ADDITIONALLY, I UNDERSTAND THAT THE RISK OF EXPOSURE TO COVID-19 MAY EXIST.

FAMILY PHYSICIAN or OFFICE: _____

PHYSICIAN PHONE NUMBER: _____

PARENT/LEGAL GUARDIAN PRINTED NAME: _____

PARENT/LEGAL GUARDIAN PHONE: _____

PARENT/LEGAL GUARDIAN SIGNATURE: _____

IN CASE OF EMERGENCY ROOM CARE, PLEASE PROVIDE THE FOLLOWING

INSURANCE COMPANY: _____



Ephrata Swim Team Photo Release

YOUR CHILD'S PICTURE MAY BE USED ON OUR SWIM TEAM WEBSITE, AT BANQUET PRESENTATIONS, AND IN THE NEWSPAPER. WE ARE AWARE OF YOUR PRIVACY RIGHTS AND TO AVOID ANY CONFLICTS OF INTEREST, WE WOULD LIKE YOU TO EXPRESS YOUR PREFERENCE AS TO THE USE OF YOUR CHILD'S PICTURE BELOW:

_____ **I DO GIVE PERMISSION** TO USE MY CHILD'S SWIM TEAM PHOTOS ON THE EPHRATA SWIM TEAM, IN BANQUET PRESENTATIONS, AND FOR POSSIBLE RELEASE TO THE NEWSPAPER.

_____ **I DO NOT GIVE PERMISSION** FOR MY CHILD'S PHOTO TO BE RELEASE FOR ANY USE BY THE EPHRATA SWIM TEAM.

CHILD(REN) FIRST NAME(S): _____

LAST NAME: _____

PARENTS SIGNATURE: _____

EXPECTATIONS OF SWIMMERS

- **SWIMMERS SHOULD MAKE EVERY EFFORT TO ATTEND PRACTICE ON A REGULAR BASIS. THEY SHOULD ARRIVE ON THE POOL DECK 10 MINUTES PRIOR TO PRACTICE PREPARED WITH THEIR SUIT, CAP, GOGGLES, WATER BOTTLE, AND TOWEL.**
- **SWIMMERS ARE ENCOURAGED TO SHOW TEAM SPIRIT BY CHEERING ON TEAMMATES DURING SWIM MEETS AND PRACTICES.**
- **SWIMMERS WILL TREAT ALL COACHES AND TEAMMATES WITH *RESPECT* AT ALL TIMES. THEY ALSO UNDERSTAND THAT INAPPROPRIATE BEHAVIOR WILL RESULT IN REMOVAL FROM THAT PRACTICE AND/OR MEET AND A NOTIFICATION SENT TO THE PARENT/GUARDIAN.**
- **WHEN USING LOCKER ROOMS, SWIMMERS ARE RESPONSIBLE FOR CHANGING AND IMMEDIATELY EXITING. AS GUESTS OF THE EPHRATA COMMUNITY POOL, WE WILL TREAT OUR HOME VENUE WITH THE SAME RESPECT AS WE TREAT OUR HOMES.**
- **DURING SWIM MEETS, SWIMMERS WILL SIT AS A TEAM IN THE DESIGNATED AREA. SWIMMERS SHOULD NOTIFY A COACH IF THEY NEED TO LEAVE THIS AREA FOR ANY REASON.**
- **SWIMMERS WILL DISPLAY COURTEOUS AND SPORTSMANLIKE BEHAVIOR AT ALL PRACTICES, MEETS, AND OTHER TEAM EVENTS. THIS INCLUDES RESPECTING THE PROPERTY OF OTHER TEAMMATES AND FACILITIES.**
- **SWIMMERS WILL RESPECT THEIR OWN BODIES BY EATING HEALTHY, GETTING PLENTY OF REST, AND DRINKING LOTS OF WATER. ($\frac{1}{2}$ YOUR BODY WEIGHT IN OUNCES OF WATER PER DAY; MORE IF YOU ARE AN ATHLETE)**
- **AT MEETS, SWIMMERS SHOULD MAKE AN EFFORT TO VISIT COACHES AFTER THEIR SWIMS TO REVIEW THEIR TIME AND RECEIVE FEEDBACK.**

EXPECTATIONS OF PARENTS

- **BE SUPPORTIVE THROUGH POSITIVE ENCOURAGEMENT.**
- **TALK TO YOUR SWIMMERS ABOUT THEIR PRACTICE, MEETS, AND THEIR TIMES.**
- **ADHERE TO SCHEDULED ARRIVAL TIMES FOR PRACTICES AND MEETS.**
- **STAY CLEAR OF THE POOL DECK DURING PRACTICES AND MEETS.**
- **PARENTS WHO WOULD LIKE TO WATCH PRACTICES MAY DO SO BUT, PLEASE DO NOT SIT ON THE POOL DECK.**
- **PARENTS SHOULD NEVER APPROACH THE SCORING TABLE DURING SWIM MEETS.**
- **FOR MORE INFORMATION ON HOW TO BE A SUPPORTIVE PARENT FOR YOUR SWIMMER VISIT THE PARENT SECTION AT [HTTP://WWW.USASWIMMING.ORG/](http://www.usaswimming.org/)**

I AGREE TO ADHERE TO ALL OF THE EXPECTATIONS OUTLINED ABOVE:

SWIMMER NAME: _____

PARENT NAME: _____

PARENT SIGNATURE: _____