

DC WAVE REGISTRATION INFORMATION LETTER

Dear Swim Team Families,

Welcome to a feature-packed 2009 - 2010 swim year. Coaches will hold try-outs and assessments at each practice location the week of August 24 – 28, 2009. Each swimmer is required to attend one session during this week to complete try-outs or assessments.

REGISTRATION 2009 - 2010

A registration packet is attached. Applications may be mailed to the team registrar starting August 1, 2009. Upon registering for the 2009 - 2010 Swim Season, you'll receive a registration verification letter, a swimmer team identification card, and a practice schedule via mail as well as other general swim team information. Swimmers must bring both their team identification as well as registration verification letter to their first day of team practice. The team will supply each athlete a team suit, team cap and team T-shirt. Team suit and cap must be worn in competitions. Equipment kits (purchased separately) must be brought to training sessions. Team practice begins Monday, August 31, 2009. There will be a coach/ athlete meeting during the final half-hour of the first practice.

Send required forms and payments to:

DC Wave Swim Team
P.O. Box 683
Greenbelt, MD 20770
Attention: Registrar

Practices will be held at four locations: Rumsey, Takoma, Turkey Thicket and Wilson

Weekdays: 5:00 am – 6:30 am at Rumsey
5:00 pm – 7:00 pm at Rumsey
6:00 pm – 8:00 pm at Takoma and Turkey Thicket
Time TBD at Wilson
Weekends: 6:00 am – 9:00 am at Takoma. (The number of practices will be determined by training group)

We will also feature swim clinics and seminars (TBA) planned around our practice and competition schedules.

DPR Wave Team is the District of Columbia's only *nationally competitive public youth swim team*. All swimmers are expected to swim in local competitions monthly depending on meet qualifying requirements.

A schedule of swim meets for the season will be listed on the annual calendar to be distributed at registration.

FEES 2009 - 2010

All team fees are NON-REFUNDABLE

Registration is \$ 300 (per athlete) for District residents and \$ 350 (per athlete) for non-residents.

In addition, each swim family must set up a mandatory meet entry fee escrow account with the parent Booster Club from which meet fees can be withdrawn throughout the year. Swim families will need to submit a deposit of \$50 into their escrow account along with their registration fee. The escrow account must be kept up-to-date. Periodically families will be notified when additional deposits need to be made. Checks should be made payable to the DCPR "Wave" Booster Club.

Finally, the Coaching Staff requests each and every swim family to please make an effort to participate in team activities as much as possible this year.

Best,

A handwritten signature in cursive script that reads "Rodger G. McCoy".

Rodger McCoy
Coach DPR "Wave" Swim Team

2009 - 2010 DPR Wave Swim Team Registration Forms & Information

Upon registering for the 2009 - 2010 Swim Season, you'll receive a registration verification letter, a swimmer team identification card, and a practice schedule via mail as well as other general swim team information. Swimmers must bring both their team identification as well as registration verification letter to their first day of team practice.

Included are forms that are required for swimmer registration. These forms must be mailed to us prior to the swimmer's attendance at any team practice or meet. Please address completed forms to:

DC Wave Swim Team
P.O. Box 683
Greenbelt, MD 20770
Attention: Registrar

Printable copies of each of the forms and information sheets are listed below in Adobe PDF format.

All of the "REQUIRED REGISTRATION FORMS" must be completed and submitted along with the applicable fees to the address above (All payments to "DCPR Wave Booster Club").

REQUIRED REGISTRATION FORMS

USA Swimming Registration Form

DPR Swim League USAS 2009-10 Registration Form.pdf

ParentParticipation. pdf

parentchildagreement2009.pdf

SwimFamilyInformationForm2009.pdf

athlethonorcode.pdf

teamshirtform.pdf

USA Swimming - POTOMAC VALLEY
PLEASE PRINT * COMPLETE ALL INFORMATION

2010 ATHLETE REGISTRATION APPLICATION

THIS REGISTRATION WILL BE VALID UNTIL 12-31-10

Office Use Only / /

LAST NAME _____ LEGAL FIRST NAME _____ MIDDLE NAME _____ DATE OF BIRTH ____/____/____ SEX (M/F) _____ AGE _____

PREFERRED NAME _____ CLUB CODE _____ NAME OF CLUB YOU REPRESENT _____

MAILING ADDRESS _____ AREA CODE _____ TELEPHONE NUMBER _____

CITY _____ STATE _____ ZIP CODE _____
YEAR LAST REGISTERED ____ If you swam with another club in 2009, you must also complete
and submit the Potomac Valley Swimming Change/Transfer form
U.S. CITIZEN? YES NO DUAL CITIZEN? YES NO

- DISABILITY:**
- A. Legally Blind or Visually Impaired
 - B. Deaf or Hard of Hearing
 - C. Physical Disability such as amputation, cerebral palsy, dwarfism, spinal injury, U. mobility impairment
 - D. Cognitive Disability such as mental retardation, severe learning disorder, autism
- ETHNICITY** (In accordance with US Census Bureau guidelines, you may make up to 2 choices if appropriate):
- Q. African American
 - R. Asian or Pacific Islander
 - S. Caucasian
 - T. Hispanic Native American
 - V. Other
 - W. Decline

IF DUAL CITIZEN OR NON-CITIZEN, ARE YOU A MEMBER OF ANOTHER FINA FEDERATION?
YES NO

**SUBMIT APPLICATION & PAYMENT TO YOUR CLUB:
DCPR "WAVE" BOOSTER CLUB**

REGISTRATION FEE

USA Swimming Fee
LSC Fee
TOTAL DUE \$

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.

DC Department of Parks and Recreation "DC Swim League and USAS"

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(Please **Print or Type**. Complete one form per person)

PARTICIPANT

FAMILY/MEDICAL INFO

RELEASE/WAIVER

F-Name _____ MI _____
 L-Name: _____
 Preferred Name: _____
 Gender: ____ DOB: _____
 Age: ____
 Address: _____
 City: _____ St: _____ Zip: _____
 H-Ph: _____ W-Ph: _____
 C-Ph: _____ Ward: _____
 Email: _____
 Status: Senior ____ Indiv ____ Fam Mem ____

Do You have any physical/emotional concerns, allergies or medication needs? (circle one) Yes No
 If Yes, please explain in detail: _____

 Health Insurance Carrier: _____

 Policy Holder: _____
 Group: _____ ID#: _____
 Physician's Name: _____
 Telephone: _____

I certify that _____
 my patient, is of sound mind and body, and is of
 adequate health to participate in the DPR Aquatics
 exercise/swim program.

_____/_____/_____
 Signature Date

General Child Release Waiver

The signature below certifies that all the information contained in my child's registration is correct and true. My signature also affirms my understanding that my child's participation in DPR programs and activities may present some risk of injury. DPR assumes no liability for injuries or damages that result from my child's participation in these programs or activities. I further grant DPR and its partner agencies and organizations permission to use my child's likeness and words to describe, promote and publicize DPR programs

General Adult Release Waiver

The signature below certifies that all information contained in this registration is correct and true. My signature also affirms my understanding that participating in DPR programs and activities may present some risk of injury. DC Department of Parks and Recreation assumes no liability for injuries or damages that result from participation in these activities. I further grant DPR and its partner agencies and organizations permission to use my likeness and words to describe, promote and publicize DPR programs and activities.

Medical Permission Form

Some DPR programs and activities require a medical doctor's permission to participate. Medical forms must be submitted before the first day of the scheduled program or activity.

 (print name)
 _____/_____/_____
 Signature Date



Government of the District of Columbia
 Adrian Fenty, Mayor

EMERGENCY CONTACT

Name: _____
 H-ph: _____ Relationship: _____
 Name: _____
 H-ph: _____ Relationship: _____

SITE/ACTIVITY INFORMATION

Activity: _____ Catalog #: _____ Price: ____ Site/Pool
 Activity: _____ Catalog #: _____ Price: ____ Site/Pool
 Payment Method: Ck _____ Credit _____ M.O. _____
 ID# _____ Issued By: _____ Expiry: _____



Department of Parks and Recreation

Wave Swim Team Honor Code

The undersigned swimmer agrees to abide by the standards of conduct outlined below (for the period September 200 to August 20) in addition to those established during any team trip.

1. When representing DPR WAVE SWIM TEAM (hereinafter “the team”), everyone is expected to behave in an exemplary manner. The reputation of the team, as well as the other swimmers with you, is dependent on your behavior.
2. First impressions are very important to the swimmer’s personal image, to the team, to PVS, and to the sport of swimming. If the team attends special functions, travels by air, bus, or in some other public methods, as a team, appropriate attire is required. The coach traveling with the team to a particular event will set the dress code for that travel. During competitions or special events swimmers will wear team attire, and may not wear apparel that represents any other teams.
3. The team swimmers are expected at all time to follow the directions of the coaching staff. At no time will disrespectful attitudes be tolerated from any swimmer. If that team swimmer fails to comply, they will be asked to leave and disciplinary procedures will follow.
4. Curfews established by coaching staff will be adhered to each day of a trip.
5. At no time will males be allowed to enter female rooms or will females be allowed to enter male rooms.
6. Any damages or thievery incurred by the hotel will be at the expense of swimmer assigned to that room, and further disciplinary action will be taken. Under no circumstances will loud or boisterous behavior be tolerated in any part of the motel/ hotel facility.
7. The consumption of alcohol, the use of tobacco, or use of any non-prescribed drugs or illegal substance of any kind will not be tolerated. In addition, any team member found or suspected to be in the presence of other (regardless of team affiliation) partaking in any of the above activities will be subject to the same punishments and probable expulsion from the team.
8. All swimmers will be polite in restaurants and all public facilities. If a problem with service arises, see the coach.
9. The team coaching staff holds the final word on any rules, regulations, or disciplinary actions.

Failure to comply with this Athlete Honor Code may result in, but not limited to any or all of the following actions:

1. Swimmer will not be allowed to participate in team activities.
2. Swimmer will be sent home at parents’ expense.
3. Swimmer may not be allowed to participate in upcoming team trips.
4. Possible suspension or expulsion from the team.

I recognize my responsibility to abide by the rules and requirements of DPR Wave Swim Team and I acknowledge that I have received, read, and or had read to me such.

Swimmer’s Signature _____ Date _____

Parent’s Signature _____ Date _____

DPR Wave Swim Team
301 Van Buren Street NW
Washington, DC 20011

PARENT/GUARDIAN CODE OF CONDUCT 200 -20

1. All Registration forms, accompanying fees, as well as, Parent/Guardian and Swimmer Agreement must be completed in full with parent(s) signature before any child can participate (practice or compete in meets) or get equipment.
2. Parents/Guardians should understand that DPR Wave Team is not a recreational swim program and that all swimmers are expected to swim competitively in a meet at least once a month for the DPR Wave Team during the short course season (September through June).
3. Parents/Guardians understand that the commitment for the DPR Wave Swim Team is for the 200 -20 Fall/Winter /Spring Swimming Season (September – June). The only exceptions to this policy are as follows: (a) Arrangements requested in writing and approved by coach, aquatics director, and parent board; or (b) Withdrawal from the program. If you decide to quit the program, only un-used meet entry fees will be refunded. Swimmers are not allowed to come “ in and out” of the program during the season (i.e. you are not allowed to pay fee in December, then quit swimming and return in June).
4. Parents must notify coaching staff at least forty-eight (48) hours prior to meet warmup if swimmer is not going to be participating.
5. Parent must notify coaching staff if swimmer is going to be out of practice for more than one week.
6. Parents must provide two working phone numbers for emergency and other contact reasons.
7. Parents must agree to pick up all swimmers immediately after practice, DPR staff members will not be held responsible for swimmers once practice is over.
8. Parents must ensure that swimmers are at all times suited up and ready for all practices, warm-up sessions, and meets prior to walking on deck.
9. Parents must ensure that swimmers wear team uniforms at all meets, while on travel, or when representing the team.
10. Parents must make meet entry fee payments in full and on time.
11. Parents should address all questions or concerns about practice times, meet entries and meet participation to the coaching staff.
12. Parents must volunteer as a timer, meet official or meet organizer in at least five meets during the season.
13. Parents or designated family representative must volunteer at the annual Black History Meet in some capacity.
14. Parents should not leave anyone other than swimmers unattended at the pool or meet site. Coaches are only responsible for the swimmers.
15. Parents shall make some pre-arranged form of transportation to and from all practices and meets.
16. Un-sportsperson like conduct (after both parent(s) and swimmer has received the appropriate warning) at practice or meets will prohibit your swimmer from participating on the team. **NO EXCEPTION TO THIS RULE!**

17. All complaints or concerns must be registered with a member of the Coaching staff, Aquatic Chief, and a Booster Club Executive Board member immediately.
18. Abusive, disruptive, threatening behavior of parent/guardian will result in immediate expulsion of the participant.

DPR Wave Swim Team
301 Van Buren Street NW
Washington, DC 20011

PARENT/GUARDIAN SWIMMER AGREEMENT 200 -20

1. I (we) understand that DPR Wave Team is not a recreational swim team and that all swimmers are expected to swim competitively in a meet at least once a month for the DPR Wave Team during the short course season (September through June).
2. I (we) hereby give my consent for my child/ward to participate in the District of Columbia Park and Recreation Wave Swim Team (DPR Wave Swim Team). This permission is effective until revoked in writing.
3. I (we) further certify on behalf of my child/ward that DPR Wave Swim Team and Booster Club, its volunteers, and staff, their successors, heirs, kin, executors, or administrators are released from all liabilities, for any loss, damage or injury my child/ward may sustain, while participating in DPR Wave Swim Team Activities.
4. I (we) agree to pay the ***NON-REFUNDABLE*** Swimming club membership fees.
5. I (we) agree to establish and maintain a meet entry escrow account with the DPR booster club.
6. I (we) received, read and reviewed the information in Parent/Guardian Code of Conduct. I understand my role and responsibilities in the organization and I will adhere to the policies and procedures set forth in the Code of Conduct. ***ABUSIVE, DISRUPTIVE, THREATENING BEHAVIOR OF PARENT/GUARDIAN WILL RESULT IN IMMEDIATE EXPLUSION OF THE PARTICIPANT FROM THE DPR WAVE SWIM TEAM AND BOOSTER CLUB.***
7. I (we) have read and reviewed the information in the Participant Code of Conduct as well as the DPR Athletic Honor Code with my child/ward and understand that he/she may be reprimanded for violation of the Code of Conduct to include ***suspension from program activities and expulsion from the team, if so warranted.***
8. I (we) have been given a copy of the Parent/Support Volunteer Form. I understand that I/we am/are expected to complete a minimum of 30 (or more; this is where the black history meet comes in) hours of volunteer service or make a contribution (\$) to the DPR Wave Booster Club.
9. I (we) have received a copy of the 200 - 20 Fee Agreement as well and I agree to make all necessary payments in a timely fashion.
10. I understand that all fees, except for unused meet entry fees are non-refundable. I agree that it is the swimmers', their parents/guardians', or designated representatives responsibility to provide transportation to, from and during any program of the DPR Wave Swim Team and that any

transportation provided by representatives of DPR Wave Swim Team or Booster Club are not being provided on behalf of DPR Wave Swim Team or Booster Club and is strictly voluntary on the part of the person providing that transportation.

- 11. I agree to and will sign the following: “Terms and Conditions for Participation in the DPR Wave Swim Team”, “Medical Release”, “Athlete Honor Code” (return one for each swimming), Booster Club Swim Family Information Form and “Fundraising Contract”. I also have read and understand the “200 - 2 Fee Contract”. I understand that all these forms constitute a legally binding contract.

As the parent/legal guardian of the above _____ swimmer, I verify that the information is correct to best of my knowledge. I verify that I have read and reviewed the information provided and will adhere to all rules according to DPR Wave Swim Team and Booster Club.

Parent/Guardian

Print Name _____

Signature: _____ Date: _____

I agree to play fairly and according to the DPR Wave Swim Team Participant Code of Conduct.

Swimmer
Print Name _____

Signature: _____ Date _____

Athlete Responsibilities at Meets

Athletes should arrive at the meet at least fifteen minutes before the scheduled warm-up time. The participant should purchase a meet program and locate his or her events in the program. If the athlete's name does not appear in the program, or the athlete is not in three events, notify the coach immediately. Allow the coach to rectify the problem with meet officials.

Each participant should be ready to swim by the scheduled start of warm-up, with suit on and goggles in hand. The coach will begin warm-ups within the designated warm-up time.

It is the athlete's responsibility to report for events on time. The athlete must be aware of his or her event numbers, including the heat number and lane number. This information is in the Meet program. Athletes must report to their lane about five heats before their own heat will begin. The coach will assist the younger athletes with this responsibility.

For some Meets, the heat and lane assignments will not be in the program. These Meets might use a positive check-in system. If this is the case, athletes will find their lane assignments posted on the wall prior to the start of the event. Athletes will need to be alert as to what event and heat is currently swimming so that they can report on time for their race.

Parental Responsibilities at Meets

Parents should be familiar with the athlete responsibilities and assist their children in Meeting those responsibilities. Parents are responsible to know the date, time and location of the Meet and any positive check-in procedures. This information is available on the PVS website at <http://pvswim.org/>. Parents should not rely on the coaches for last-minute instructions on these matters. Parents are not allowed to coach their children at a Meet. If you arrive at a Meet before the coach, do not attempt to warm up the child yourself.

The coach will set goals for each athlete for each Meet and parents should be supportive of their children.

DPR OUT OF TOWN SWIM MEETS

Traditionally, swimmers from the DPR Team have competed in t out of town swim meets during the Winter and the Spring of regular swim season. This can be a great experience for all who participate. **PARTICIPATION IN OUT OF TOWN MEETS IS NOT AUTOMATIC. ONLY THOSE SWIMMERS WHO HAVE MET THE TRAVEL TEAM QUALIFYING TIMES ESTABLISHED BY THE HEAD COACH AND WHO THE HEAD COACH DEEMS ELIGIBLE TO REPRESENT THE DPR TEAM MAY PARTICIPATE IN THE OUT OF TOWN MEETS.**

***** ADULT COMPANION MAY BE REQUIRED FOR EACH SWIMMER.**

DPR SWIM TEAM FAMILY/PARENT PARTICIPATION FORM

NAME: _____

TELEPHONE NUMBER: _____

EMAIL: _____

SWIMMER (S): _____

PLEASE INDICATE AT LEAST TWO AREAS OF INTEREST

* These positions require training.

Meet Officiating*			
Meet Manager		Annual Award Celebration	
Meet Hy-Tek*		Publicity/Community Relations	
Meet Colorado*		Newsletter	
Meet Timers		Membership	
Meet Concession		Website	
Fund Raising		Swimmers social activities	

PARTICIPATION POSITIONS

OFFICIATING MEET MANAGER MEET HY- TEK MEET COLORADO

These positions all require some level of training from Potomac Valley and those who are willing to become officials, a very short open book take home test is required. The team is in great need of officials and would encourage all those interested to volunteer to become an official. The meet manager is equally important, in that the team is hoping to host more and more meets. A Meet manager is needed to coordinate a particular meet that our team hosts. The Hy-Tek operator runs a computer program responsible for tallying the scores and recording each swimmer's time. The Colorado operator runs the computer program, which is responsible for displaying each swimmer's time as he or she swims a particular event, from start to finish.

MEET TIMER

Starts and stops the watch to record the time of each swimmer in their lane. There are usually three timers in each lane at all swim meets our team participates in. So you may be called upon to serve as a timer either at a meet our team is hosting or one that our team is attending.

MEET CONCESSIONS/HOSPITALITY

When we host meets, we need several parents to operate the concessions stand and to oversee the meet officials hospitality refreshments. The team provides food items for sale to persons participating in the meet, as well as the refreshments provided to the persons officiating at the meet. All team members are requested to supply items for sale at the concessions stand. The concession is a fundraiser for the team. Money raised helps pay for the teams expenses throughout the year.

FUNDRAISING

Traditionally, profits raised from the concessions of those meets that we host have been our sole source of funding. In addition to the concessions, the team would like explore other fund raising ideas as well as the possibility of ultimately partnering with some local businesses that would agree to on-going sponsorship of a portion of each fiscal year's budget.

ANNUAL AWARD CELEBRATION

At the end of the season, the team will have an awards celebration. This time is set-aside for the coaches to recognize each swimmer by presenting some form of award (trophy and /or certificate). It has traditionally been a potluck event with each family contributing a dish. This event is a great time.

PUBLICITY/ COMMUNITY RELATIONS

Maintain existing relationships with neighborhood community groups and develop new avenues of partnering with other groups that could assist the club develop new resources. Develop and maintain open lines of communication with local media. Draft any, and all press releases that may need to be developed concerning the team's activities.

NEWSLETTER

Explore the possibility of developing a newsletter which would eventually be placed on the team's website.

MEMBERSHIP

Assist in developing ways of increasing and strengthen our membership base.

WEBSITE

The Booster Club would like to begin work on developing a Website. Persons interested would be called upon to help make the creation of the Website a reality.

SWIMMERS SOCIAL ACTIVITIES

This group of parents will work together to plan specific social activities throughout the year for the swimmers. We have found that to keep these swimmers engaged in appropriate team sponsored social activities is the key to healthy retention.

Wave Booster Club Swim Family Information Form 200 - 20

Swimmer:

(First, Middle, Last) _____ Birth date __/__/__

Address _____ Zip _____

Home Phone _____ Cell Phone _____

Sibling(s) on Team:

(Name) _____

Parent(s)/Guardian:

Address (if different) _____ Zip _____

Day # _____ Evening # _____ Cell # _____

(Please circle the number you preferred to receive messages on)

Email (to be listed in directory)

Parent(s)/Guardian:

Address (if different) _____ Zip _____

Day # _____ Evening # _____ Cell # _____

(Please circle the number you preferred to receive messages on)

Email (to be listed in directory)

Persons Authorized to Pickup your swimmer (non-emergency):

Names/Numbers _____

Billing Information:

Who is responsible for payment of fees _____

Address of responsible party _____

City _____ State _____ Zip _____

Phone _____

Persons (other than parent/guardian) to Contact in Emergency:

Name _____

Home# _____ Work# _____ Cell# _____

Name _____

Home# _____ Work# _____ Cell# _____

Please indicate:

_____ We wish to be included in the Booster Club directory.

_____ We do not wish to be included in the Booster Club directory.

T T-SHIRT FORM

SWIMMER

FIRST NAME: _____ LAST NAME: _____

T-SHIRT SIZE:

YOUTH SMALL YOUTH MED YOUTH LARGE YOUTH XL

ADULT SMALL ADULT MED ADULT LARGE ADULT XL

ADULT XXL

Please circle the appropriate t-shirt size for your swimmer. (please complete a separate form for each swimmer.)

Parents who wish to purchase their own travel team T-shirts may do so at a cost of \$1 .

Name: _____ (contact number) _____

T-shirt Size _____