

Coral Springs Swim Club Registration Form

Fees Include:

- A) USA-Swimming registration, insurance, and Splash magazine
\$55 per year
- B) CSSC Annual Membership
\$100 per year

Please make checks payable to CSSC in the amount of \$155.00

Circle Group:

- Red
- Green
- Gold
- White
- Blue
- National
- Senior II
- Senior I

Trial period ends one week from:

Photo // Video // Audio Release:

I hereby confer on the City of Coral Springs and/or its affiliate, the Coral Springs Swim Club, the absolute, irrevocable right and permission to use my child's image, in print, digital (web), or broadcast (video) format for the purpose of public information, public awareness or historical documentation of City events and programs. I give my consent freely, with the understanding that no remuneration or compensation will be forthcoming.

All information is required.

Name of Child: _____

Parent's Name: _____

Parent's Signature: _____

Occupation: _____

Parent's Email: _____

Swimmer's Email: _____

Date: _____

At the end of the trial period, my check will be automatically deposited, unless I decide NOT to join CSSC. In that case **I WILL CALL** Tina Proctor, the registration chairperson, at 954.340.5032 and inform CSSC of my decision NOT to join CSSC.

MUST GIVE COPY OF COMPLETED FORM TO THE COACH BEFORE YOUR FIRST PRACTICE!



USA SWIMMING

**2009 ATHLETE REGISTRATION APPLICATION
LSC: FLORIDA GOLD COAST**

REG. DATE / OFFICE USE ONLY

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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.					

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:

FLORIDA GOLD COAST SWIMMING

MAIL APPLICATION & PAYMENT TO:

**FLORIDA GOLD COAST SWIMMING
951 U.S. HWY. #1
NORTH PALM BEACH, FL 33408**

(ONLY Swim Club Check or Money Orders)

U.S. CITIZEN? YES NO

ARE YOU A MEMBER OF ANOTHER FINA FEDERATION? YES NO

IF YES, WHICH FEDERATION: _____

REGISTRATION FEE	
USA Swimming Fee	\$45.00
LSC Fee	10.00
TOTAL DUE	\$55.00

YEAR LAST REGISTERED: _____ IF YOU REGISTERED WITH A DIFFERENT USA SWIMMING CLUB IN 2008, ENTER THAT CLUB CODE: _____ LSC CODE: _____ AND THE DATE OF YOUR LAST COMPETITION REPRESENTING THAT CLUB: _____

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 USA SWIMMING'S COMMUNITY INITIATIVES

Coral Springs Swim Club CODE OF CONDUCT

The undersigned athlete and parent/guardian of that athlete participating on the Coral Springs Swim Club agrees to abide by the standards of conduct outlined below in addition to those established by the coaching staff for both the short and long course seasons. All team members are expected to:

1. Offer congratulations to opponents, win or lose, and cheer on their teammates.
2. Wear the designated team suit, cap, and other clothing as prescribed by the coaches.
3. Follow the directions of the coaching staff during practice, meets, and other team activities.
4. Refrain from all illegal or inappropriate behaviors that would detract from a positive image of the team or be detrimental to its performance objectives.
5. Not remove or take **any** article that does not belong to them, such as clothing, jewelry, or money.
6. Respect the property of the Coral Springs Aquatic Complex or any other facility the team may visit or use. No swimmer shall tamper with or cause damage to any such facility.
7. Display proper respect and sportsmanship toward team members, coaches, officials, and administrators, fellow competitors, parents, volunteers and the public.
8. Promote positive team spirit and morale, which includes being humble in victory and courageous in defeat. Deal justly, kindly, impartially, and intelligently with all fellow team members.
9. Not possess, sell, or use alcohol, tobacco, or any non-prescribed drugs. This behavior is not tolerated.
10. Be 100% financially responsible for any damage to any part of their room or hotel when out-of-town meets require staying at a hotel.
11. Always obey the directions of the coaches and chaperones at travel meets. And, specifically, remember that a male and female swimmers may not be in the same hotel room at any time during a travel meet unless it is a fully chaperoned meeting held by the coach or chaperone in charge. Failure of either swimmer or parent to comply with the Code of Conduct may result in, but not necessarily be limited to:
 - A. Being prohibited from participating in some or all team activities.
 - B. Immediately being sent home at their expense from a travel meet.
 - C. Being temporarily or permanently dismissed from the team.

The coach in charge, along with the Head Coach and the Swim Club Booster President, will make the final decision in matters of discipline or dismissal based on the degree of violation of the above code. By signing this agreement, both athlete and parents or guardians agree to abide by the CSSC Code of Conduct.

Swimmer's Name (Print)

Swimmer's Signature

Parent's Signature

Date