



Family Last Name: \_\_\_\_\_

## REGISTRATION – PART 1 New Member

If you are a current member of the JCC, please provide your membership number here: \_\_\_\_\_

Swimmer's Name	Practice Group	Program Fee	Discount	Amount Due After Discount
1	Highest Level	\$	None	\$
2	2 <sup>nd</sup> Highest Level	\$	- 10%	\$
3	3 <sup>rd</sup> Highest Level	\$	- 20%	\$

**Total non-refundable fees payable by cash, check, or charge to: Jewish Community Center: \$ \_\_\_\_\_**

Single Swimmer Payment:

Fees Due In Full by April 12 or at swimmer's first practice

Multiple Swimmers Payment:

In full, or 50% of fees due April 12 and remaining balance due May 7

If you would like to pay in full at the front desk of the JCC, please obtain 2 receipts and attach one copy to your registration and retain the other for your records. Or, if you wish to pay in full and have funds deducted electronically, you will need to complete Registration-Part 4 and submit it with your registration materials. Families with multiple swimmers who opt to pay in two installments, MUST complete Registration-Part 4 and submit it with your registration materials.

## REGISTRATION – PART 2

Family Last Name:			
Street Address:			
City/Zip Code:	Home Phone:	( )	-
Mother's Name:	Mother's cell phone:	( )	-
Employer	Mother's work phone:	( )	-
Occupation:	Mother's address:		
Mother's Email Address:			
Father's Name:	Father's cell phone:	( )	-
Employer:	Father's work phone:	( )	-
Occupation:	Father's Address		
Father's Email Address:			
Swimmer's Name	Date of Birth	Age	T-shirt (Youth or Adult:S/M/L/XL)
1.			N/A for Spring
2.			N/A for Spring
3.			N/A for Spring
USA Registration Fee: (\$31 per athlete)			+ \$
Entry Fee Account Deposit: (\$50 per competing swimmer)			+ \$
Fundraising Fee: White \$10 / Red \$20 / Blue \$30 / Bronze \$40 / Silver \$50 / Gold \$ 60 (per athlete)			+ \$
<b>Total Non-refundable fees payable by cash or check to: Dynamo Swim Team</b>			<b>\$</b>



Family Last Name: \_\_\_\_\_

### REGISTRATION – PART 3 MEDICAL RELEASE FORM

I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE BELOW LISTED ATHLETE(S) IS IN GOOD HEALTH AND HAS NO CONDITION WHICH WOULD IMPAIR PARTICIPATION IN THE PROGRAM. I HEREBY GIVE CONSENT FOR MY CHILD/CHILDREN TO ENGAGE IN ANY AND ALL TRAINING SESSIONS WITH DYNAMO SWIM TEAM, WHICH IS OWNED AND OPERATED BY THE JEWISH COMMUNITY CENTER (JCC), COLUMBUS, OHIO. IN CASE OF INJURY, I HEREBY GIVE DYNAMO SWIM TEAM, ITS COACHING STAFF, THE JCC AND ITS STAFF PERMISSION TO ACT ON MY BEHALF IN SEEKING MEDICAL TREATMENT FROM ANY LICENSED PHYSICIAN, HOSPITAL OR CLINIC FOR MY CHILD IN THE EVENT SUCH TREATMENT IS DEEMED NECESSARY. I GIVE PERMISSION TO THOSE ADMINISTERING MEDICAL TREATMENT TO DO SO USING METHODS DEEMED NECESSARY. I HEREBY FOREVER RELEASE AND HOLD HARMLESS THE AFOREMENTIONED PARTIES FROM ANY AND ALL CLAIMS OF ANY KIND THAT I OR MY HEIRS, EXECUTORS OR ASSIGNS MAY HAVE OR CLAIM TO HAVE RESULTING IN ANY WAY FROM MY CHILD'S PARTICIPATION IN THE SWIM PROGRAM.

Printed Name of Parent or Guardian:			
Signature of Parent or Guardian:		Date:	
Printed Name of Parent or Guardian:			
Signature of Parent or Guardian:		Date:	
Participant Signature (If over age 18):		1.	2.
<b>If parents or legal guardians are unavailable, please contact the person designated below:</b>			
Contact #1:	Relationship:	Phone: (    )	-
Contact #2:	Relationship:	Phone: (    )	-
<b>Additional comments regarding medical history, allergies, penicillin or drug reactions, etc. which may be useful in rendering medical treatment:</b>			
Athlete 1. Name:		Date of Birth:	
Comments:			
Athlete 2. Name:		Date of Birth:	
Comments:			
Athlete 3. Name:		Date of Birth:	
Comments:			
DOCTOR:	Phone: (    )	-	
DENTIST:	Phone: (    )	-	
<b>Parent or Legal Guardian Insurance Information</b>			
Company Name:		Policy Number:	
Address:		City	State:    Zip:
Telephone:			
<b>Parent or Legal Guardian Dental Insurance Information</b>			
Company Name:		Policy Number:	
Address:		City	State:    Zip:
Telephone:			



Family Last Name: \_\_\_\_\_

### REGISTRATION – PART 4

### *JCC of Greater Columbus* Payment Authorization Spring Season 2010

Swimmer's Name / Practice Group	Fee Due (after discount, if applicable) Refer to Registration-Part 1
1	\$
2	\$
3	\$
Total <b>Non-refundable</b> Fee Due the JCC	\$

#### Payment Options:

- Payment in full via check\*, electronic funds transfer (EFT)\*\*, or credit card\*\*\*

#### **Or for families with multiple swimmers:**

- Payment in 2 installments via automatic EFT\*\*, or automatic charge to credit card\*\*\*
  1. Upon Registration (50% of total program fee)
  2. 05/07/2010 (Remaining Balance)

\*Checks should be made payable to 'JCC of Columbus' and submitted with this form.

\*\*EFT (Attach Voided Check or Deposit Slip): Bank Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

\*\*\*MC/Visa:/American Express (Circle appropriate card type):

Card Number: \_\_\_\_\_  
 Expiration Date: \_\_\_\_\_  
 Security Code: \_\_\_\_\_

I hereby authorize the JCC to utilize the above banking information to withdraw funds for program fees due at the specified times. I understand that a reminder notice will not be sent by Dynamo Swim Team or the JCC and that a \$35 fee will be charged for insufficient funds.

\_\_\_\_\_  
Printed Name of Parent or Guardian

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Cell Phone

Jewish Community Center  
 1125 College Ave  
 Columbus, OH 43209  
[www.dynamoswimteam.org](http://www.dynamoswimteam.org)





## ATHLETE CODE OF CONDUCT

As a representative of the Dynamo Swim Team (DST), Ohio Swimming LSC, and USA Swimming, I will abide by the standards of conduct outlined below.

1. **I understand** the possession or use of alcohol, tobacco products or controlled substances by any athlete is prohibited.
2. **I will** display proper respect to my coaches, parents, officials, and peers.
3. **I will** demonstrate high moral standards, exemplary social conduct, and good sportsmanship.
4. **I will** refrain from any illegal or inappropriate behavior that would detract from a positive image of DST, Ohio Swimming LSC, USA Swimming, or interfere with Dynamo Swim Team's performance objectives.

**I will be a positive DST member:**

1. **I will** work hard and encourage others.
2. **I will** be punctual to team practices, meetings and warm-ups.
3. **I understand** the transition time from stretches to swimming should be limited to 5 minutes.
4. **I will not** disturb other swimmer's practice, and will talk respectfully to everyone.
5. **I will** look, listen, and watch the coaches while they are giving instructions.
6. **I will not** talk back to a coach, parent, or official.
7. **I will** support all of my teammates.
8. **I will** offer congratulations to opponents, win or lose, and cheer for fellow teammates.
9. **I agree** to abide by the rules and guidelines as set forth by the coaches, USA Swimming, and the JCC.

**While attending out-of-town meets:**

1. **I understand** that no loud or boisterous behavior will be tolerated in the hallways or public areas of the hotel, and such behavior should be kept to a minimum in my room.
2. **I agree** no male and female athletes will be in the same room together unless a coach, parent, or chaperone is in the room or has approved the situation.
3. **I understand** that any display of romantic affection is not allowed.
4. **I agree** to follow any additional guidelines that may be established as needed by the coach of record.

### IMPLEMENTATION

My signature constitutes unconditional agreement to comply with the Dynamo Swim Team Code of Conduct and failure to comply may result in disciplinary action.

**Disciplinary action may include, but is not limited to:**

1. Dismissal from practice and/or dismissal from the team.
2. Disqualification from one or more events of competition and/or disqualification from future DST travel.
3. Financial penalties: immediate return home (at parent's expense); lost entry fees, etc.)
4. Any other action deemed appropriate by the coaching staff. The coaching staff holds the final word on any rules, regulations, or disciplinary action that will be taken.

Signature:	Printed Name:	Date:
Parent Signature:	Printed Name:	Date:



## PARENT CODE OF CONDUCT

As a parent or legal guardian of a swimmer or swimmers and a member of the Dynamo Swim Team (DST), I agree to abide by the standards of conduct and following guidelines and obligations:

1. **I WILL** practice teamwork with all parents, swimmers, and coaches by supporting the values of discipline, loyalty, commitment and hard work.
2. **I WILL NOT** coach or instruct the team or any swimmer(s) at any practices or meets, from the stands or any other area, or interfere with the coaches and officials on the pool deck, unless requested to do so by the coaching staff.
3. **I WILL** demonstrate good sportsmanship by conducting myself in a manner that earns the respect of my child or children, other swimmers, parents, officials, and coaches at meets and practices.
4. **I understand** that criticizing, name-calling, and using abusive language or gestures directed toward coaches, officials, and/or swimmers will not be permitted or tolerated.
5. **During meets**, I will direct questions or concerns regarding decisions made by meet officials to a member of our coaching staff, not to the officials.
6. **I WILL** support the swimmers, coaches and other parents with positive communication and actions.
7. **I WILL** ensure that all payments due either DST or the Jewish Community Center (JCC) are made in a timely manner so the team is able to meet its obligations relating to coaching salaries, pool rental, meet entries, and other financial commitments.

Should I or my child conduct ourselves in such a way that brings discredit or discord to the DST, Ohio Swimming, or USA Swimming, I understand that I or my child may be subject to disciplinary action. I grant the DST Coaching Staff disciplinary authority.

DST maintains the rights to sanction, suspend, or remove from the team any members violating codes of conduct. The DST coaching staff shall have the discretion and power to take action as it may deem proper with reference to the removal, suspension, or reinstatement of team members.

I understand that I am obligated financially to pay my swim fees by established deadlines and that I must maintain a positive balance in my child/children's entry fee account in order for them to be entered in swim meets. Swimmers are strongly encouraged to participate in appropriate-level meets upon advice from the swimmer's coach. Swimmers are expected to participate in the highest level championship meet for which they qualify. Absence should be communicated to the coach. Novice swimmers are not expected to participate in meets unless they so desire.

Printed Name of Parent or Guardian:

Signature of Parent or Guardian:

Date:

Printed Name of Parent or Guardian:

Signature of Parent or Guardian:

Date:

*This document will remain on file as long as you are affiliated with Dynamo Swim Team*