

## POQUOSON BARRACUDAS SWIM TEAM 2017 FINANCIAL BREAKDOWN

**PAYMENT REQUIRED AT REGISTRATION: No registration will be taken without all three checks and forms completed. NO REGISTRATION WILL BE TAKEN AT THE POOL!**

—	•REGISTRATION	Swim Team registration includes pool membership (season pass) for swimmer	Payable to PP&R	\$165 per swimmer \$175 per swimmer (if non-resident)
—	•PBBC FAMILY MEMBERSHIP	Booster Club membership to support team and swimmers and purchase equipment	Payable to PBBC	\$30/family separate check.
—	•VOLUNTEER COMMITMENT	This fee will be assessed ONLY IF a family does not meet their volunteer commitment	Separate check payable to PBBC – postdated 8/7/17	\$150/family separate check.

### ADDITIONAL / OPTIONAL EXPENSES THROUGHOUT SEASON:

—	•SPIRIT WEAR	Coming Soon. T-shirts, etc.		
—	•SWIMSUIT– (FEMALE) OPTIONAL	Black swimsuit with Poquoson embroidery – can be used indefinitely. Hours M-F 9:30-6 Sat 9:30-1	Go to Swim & Sport and purchase there 874-SWIM Hours M-F 9:30-6 Sat 9:30-1	@\$65/swimmer + tax
—	•SWIMSUIT– (MALE) OPTIONAL	Black swimsuit with Poquoson embroidery – can be used indefinitely Address for Swim & Sport Stop- 13641 Warwick Blvd. #B Newport News.	Go To Swim & Sport and purchase there 874-SWIM Hours M-F 9:30-6 Sat 9:30-1	@\$47/swimmer + tax
—	•PLAQUE OPTIONAL	New swimmers can purchase a swim team plaque to be updated every year	Payable to PBBC	\$15/swimmer
—	•PICTURES OPTIONAL	Order for team and individual photos optional once scheduled		Varies

**Note: This year swim caps are provided 1 for each swimmer.**

# Registration Form

Please remember that an **accurate, complete, and legible** registration form is vital for us to contact you.

Participant Name:		Male or Female
Address:		
City:	State:	Zip:
Participant Date of Birth:		Age Today:
Parent/Guardian Name:		
Email Address: (Required)		
Primary Phone Contact:		Alternate Phone Contact:
<input type="checkbox"/>		

Program #	Activity Title/Session	Fee
110	Swim Team	

Credit Cards Accepted  
MasterCard and Visa

Name as it Appears on Card \_\_\_\_\_

Signature: \_\_\_\_\_ Expiration: \_\_\_\_\_

Card # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Ein: \_\_\_\_\_  
(on back of card)

I authorize the charges for programs on my card, and I understand I will incur a 2.5% convenience fee for Credit Card Processing.

Credit Card Convenience Fee + 2.5% \_\_\_\_\_

Make checks payable to Poquoson  
Parks & Recreation and mail with  
form to  
Poquoson Parks & Recreation  
830 Poquoson Avenue  
Poquoson, VA 23662  
or deliver to our office at the above

**PLEASE READ WAIVER AND SIGN BELOW**– Each adult must sign a separate waiver.  
A parent/guardian must sign for their children ages 17 and under.

I have had explained to me the nature of the activity in which I am or my child is being enrolled.

I understand that there are certain risks associated with this activity & that it is the duty of each participant to exercise reasonable care for his own safety and that of other participants.

If this consent is given for my child, I also understand that, while participating in the activity, my child will be expected to behave in a reasonable and responsible manner and that the activity's supervisory staff have the authority to discipline my child in a manner similar to that imposed in Poquoson City's public schools.

While it has been explained to me that the City of Poquoson prides itself upon the competency and dedication of its staff, I understand that, under Virginia law, both the City of Poquoson and its employees, its officers, and agents are immune from liability for negligence should I or my child suffer any injury while participating in the activity and that I may consider procuring insurance to protect myself or my child from such occurrences. With all of this in mind, I hereby give my consent to enroll me or my child in the activity listed above, specifically agreeing and consenting to the following where applicable:

- (1). I agree to allow photographic images of myself (my child) to be taken and utilized for promotional purposes by the City of Poquoson
- (2). I agree to allow myself or my child to be transported from the publicly advertised pick-up site to participate in the activity(s) listed above at the site identified in the activity information should it be required as described in the program.
- (3). I will be responsible for the payment of fees imposed by the City for the activity(s) I am registering.
- (4). I agree that I will and my child will behave in a sportsmanlike manner, and will not harass, or behave in a negative manner towards any coaches, children, referees or those in attendance at any Parks and Recreation Activity that I or my child may be attending or participating in at any time. And, I further understand I can be removed for such occurrence at the discretion of PPR officials, to include myself, my child or those in attendance related to my child's attendance at any time for said behavior.
- (5) I agree for my phone, address, and email information to be provided to coaches and/or instructors as necessary as related to the program I am registering.
- (6) I have read the Refund Policies of the Department and understand they are available for review at the Parks and Recreation Website, and within the Island Tide.

\_\_\_\_\_  
Participant or Parent/Guardian of Participant

\_\_\_\_\_  
Date

## **Barracuda Swim Team Expectations and Code of Conduct for Swimmers and their Family.**

**By participating on the Poquoson Parks and Recreation Barracuda Swim Team Your swimmer(s) and your family agrees to the following:**

- Our Family:
- Will encourage our child and all children who are a part of the team in a positive manner.
  - Will remain in the spectator area during competitions unless working the meet.
  - Will support the coach and let him/her coach my child during the activities.
  - Will accept that the officials are doing the best job they can, and understand that many are volunteers.
  - Will understand that rules are made to protect me, and others to make activities safe, and successful.
  - Will respect all facilities and behave in an acceptable manner that will not lead to broken property or injury of me and others. No destruction of property permitted.
  - Will not verbally threaten or attack the coach, meet officials, or any other parent, on our team, or Within any team in GPSA.
  - Will respect all swimmers, all officials, coaches and other parents.
  - Will follow the expectations of the Parent Booster Club, and will work the required meets.
  - Will keep our emotions under control.
  - Will not use profanity, abusive language while in attendance at any swim team function.
  - Will encourage sportsmanship at all levels, within the team and our opponents.
  - Remember that our children will get the most out of this experience with our support.

Additionally, As a swimmer, and a parent of a swimming on the Barracuda Swim Team:

*I and my swimmer will follow all pool rules at all facilities, to include not free swimming during practice, and not entering the pool until a coach specifically gives me direction to do so. I also will get out of the pool as directed. I will follow instruction from all lifeguards, coaches, and aquatic staff as directed, concerning the use of swimming facilities, and during my participation in any swim team activity.*

*I and my swimmer will follow all instructions and directions during practices and meets, and not exhibit behavior that is classified as disruptive to other swimmers, the team, or to my coaches. I will keep my hands to myself and not criticize, be derogative, or exhibit harassing behavior towards those associated with any swim team activity. I also will not use profanity. I will exhibit good sportsmanship with my team as well with the opponent. I also understand that as a swimmer I will swim the events directed by the coach. **I understand that my behavior, could a) allow me to be removed from practice(s) and/or meets, and further offences lead me to team removal all together; b) further a first offense depending on severity and at the discretion of the coach and the Parks and Recreation Department I or my child could be removed from the program totally.***

*I also understand that my participation as a parent and my child acknowledges that I am in good standing with GPSA and will follow all league rules in place thru GPSA associated with the swim team.*

I also understand that should I (we) not promote a positive atmosphere in and around Poquoson Parks and Recreation Barracuda Swim Team activities I may be asked to leave the said activities and after a repeated offense I understand my child may be removed from the sports season either for my behavior as a parent or their behavior as a swimmer. I also understand that if an offense in which I am involved is not in accord with good sportsmanship, in accordance with the GPSA Code of Conduct, and the policies set forth above, our family and myself will have the potential to be banned from any and all activities entirely even after 1 offense, and not limited to further Parks and Recreation Activities including those involving my own children in the future. I also understand that I waive all fees paid to the Department of Parks and Recreation. Fee is not pro-rated or refunded if a violation or offense occurs. The season pool pass will also become null and void should circumstances occur. All decisions related to such circumstances are final by the Poquoson Parks and Recreation Aquatics Director, or acting staff.

This form must be complete for participation.

**Refund: After June 9 I understand there is no refund for this program.**

Swimmer Name \_\_\_\_\_ Parent Signature: \_\_\_\_\_  
Swimmer Name (2) \_\_\_\_\_  
Swimmer Name (3) \_\_\_\_\_

## 2017 Parent Volunteer Agreement

The Poquoson Barracuda Booster Club (PBBC) would like to welcome you to Poquoson's summer swim team. We are looking forward to another exciting and fun-filled season. In order for your children to participate on the swim team this summer, we require 100% parent participation from swimmer's parents during swim meets throughout the season. Swim meets are great fun for everyone, and especially our children. Please complete the contract below, as your commitment to serve so all may swim.

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**THIS FORM MUST ACCOMPANY YOUR CHILD'S REGISTRATION.  
NO REGISTRATION FOR TEAM MEMBERSHIP IS ACCEPTED WITHOUT  
THIS FORM.**

*Running a meet takes a lot of manpower to be successful! It is only with the help and involvement of parents that our kids are able to swim, compete and achieve their personal goals. We will host 5 meets, which we will need a minimum of 50 volunteers each meet to help run and 4 away meets which we will need 30+ volunteers. We will also be hosting a mini-meet in Poquoson as well for our team. As you can see it takes many dedicated volunteers to run a meet so therefore, we are asking each family to work at least **7 shifts** during the 2017 season. A **shift** will be defined as working a specific job, such as concessions, officiating, ribbon writing, etc... for 1/2 of the meet. If you have planned a vacation during the season and your swimmer will be absent from a meet or several meets, you will still be required to meet your obligation of **7 shifts**. You also understand that if the booster board determines more shifts are needed than originally projected you will comply.*

Please don't be afraid to volunteer. This is a great way to get more involved with your child/children, learn significantly more about the sport as well, and get to know a lot of great families in the process.

If a family does not meet their requirements, we will be assessing a \$150 fee. We are asking for all families who join the team to postdate a \$150 deposit check, dated for August 7, 2017 which will only be cashed if the meet work requirements are not met. The check will only be returned by the treasurer if you request it, otherwise, should you work your required amounts, the check will be shredded. Brenda Chapman will return checks at the banquet should you wish yours returned.

I, \_\_\_\_\_, agree to work at least **7 shifts** during the 2017 season.  
(Parent's name – Please print)

**Please initial in the space provided**

\_\_\_\_\_ I understand that my volunteer service **is required** for my child to be a member of the team.

\_\_\_\_\_ I understand that my club dues of \$30 for 2017 does not include my registration fee or my worker fee check of \$150. I will provide separate checks for the \$30 dues and the \$150 worker deposit.

\_\_\_\_\_ I understand that before each meet, I will have the opportunity to sign-up for volunteer positions using Sign-up Genius ([www.signupgenius.com](http://www.signupgenius.com)). Signups for meets will close by 8pm the day before the meet. Any changes after that, I understand that I must communicate this with the Volunteer Coordinator (Julie Young).

\_\_\_\_\_ If I do not have a job commitment at the meet, I understand that I may be assigned a position if my child is entered in the meet.

\_\_\_\_\_ I will work my assigned position, or find a replacement for the job I signed up for to perform or was given to perform. I understand it is my responsibility to contact the Volunteer Coordinator about my replacement as necessary.

\_\_\_\_\_ I understand that my child's eligibility to swim in a meet is determined by my fulfillment of this volunteer agreement. My child may not swim meets if I have not worked at meets.

\_\_\_\_\_ I agree that by serving as a volunteer, I release Poquoson Parks and Recreation, the Poquoson Barracuda Swim Team and the GPSA from any liability from my service as a volunteer, and I do so at my own risk. By signing this I am signing for anyone also that is working for my swimmer.

Signature

Date

\_\_\_\_\_

## Roster/Medical Release and Liability Form Greater Peninsula Swimming Association

This Waiver is required. It allows your child to participate in City Meet Championships. Even if you are not sure your child will be able to participate please complete it at time of registration I/we hereby give permission for any and all medical attention necessary to be administered to the swimmers listed below in the event of an accident, injury, illness or any other situation that calls for medical attention until such time as the parents can be contacted.

### RELEASE OF LIABILITY

I/we am/are aware that during my participation and attendance in the **GPSA City Meet** to be held **August 5, 2017** and related activities that certain risks and dangers may occur, including, but not limited to, hazards inherent in the sport in which the swimmers will be training, preparing and competing; negligence or other careless acts and omissions by other participants, spectators and the sponsors; and hazardous or dangerous conditions of facilities and grounds. In consideration of the acceptance of my entry, and the right to participate, I/we do hereby assume all the above risks, waive and release any and all claims or causes of action of any kind and nature which I may now or hereafter have against the event organizers and/or their sponsors.

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<u>Printed Swimmer Name</u>	<u>Age</u>	<u>M/F</u>	<u>Signature/Parent Signature (under 18)</u>