



2017 Swim Team Registration

Please type or print neatly the following information and sign all policies and authorizations.

Aqua Devils Swim Team Registration Fees

- Registered and paid-in-full before April 12 → \$120 per swimmer (\$105 if you have 3 or more swimmers)
 Registered and paid-in-full on or after April 12 → \$135 per swimmer (\$115 if you have 3 or more swimmers)
- Registration Fees must be paid in full before participating in practices or meets

Membership Name : _____

Swimmer(s)				
Swimmer Name	M/F	Birth Date	Fee	T-Shirt Size <i>(please circle)</i>
			\$	YS YM YL AS AM AL AXL XXL
			\$	YS YM YL AS AM AL AXL XXL
			\$	YS YM YL AS AM AL AXL XXL
			\$	YS YM YL AS AM AL AXL XXL

All swimmers will receive an Aqua Devils team t-shirt and swim cap with their registration fee.

Aqua Devil swim shirts (SPF 50+) and additional team t-shirts may also be ordered. May 1 deadline for all orders.

- Swim Shirts are \$20.00 & additional team T-shirts are \$12.00**

Additional Team Shirts or Long Sleeve Aqua Devil Swim Shirt (SPF 50+)		
Team shirt OR Swim shirt	Fee	Shirt Size <i>(please circle)</i>
	\$	YS YM YL AS AM AL AXL XXL
	\$	YS YM YL AS AM AL AXL XXL
	\$	YS YM YL AS AM AL AXL XXL
	\$	YS YM YL AS AM AL AXL XXL

Total Fee		
Total	\$	Please make checks payable to DFC.
Office Use only:	Paid _____ Check # _____	

Parent Contact Information		
Name	E-mail Address	Best Phone Number

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Health and Medical Information

Please provide us with a list of allergies and intolerance to food, medication, or any other substances that you think we should know about, and actions to take in an emergency situation.

Please provide us with details regarding any pertinent developmental information or chronic physical problems that affect your child.

Medical Authorization

I certify that my child(ren) is/(are) in good health and can participate in the activities of the Duke Faculty Club Swim Team. In case of any injury I grant DFC staff permission to administer standard first aid treatment on site. If I cannot be reached and the injury is deemed serious, I grant DFC staff permission to contact advanced medical personnel (911) to transport my child to the nearest medical facility equipped to handle the injury. I accept full responsibility for any medical expenses incurred as a result of these injuries.

Parent/Guardian Signature _____ Date _____

Behavior Policy

In order to ensure that the Duke Faculty Club Swim Team is a safe and supportive environment for all participants, we follow a strict behavior policy. All participants will show respect for themselves, other swimmers, and the Duke Faculty Club staff and volunteers. Participants are expected to use appropriate language, follow the directions of the coaches and volunteers, and refrain from any behavior that will emotionally or physically harm another person. If a participant is displaying behavior that is not consistent with these expectations, the proceeding steps will be followed:

1. Verbal warning from the coaches – The coaches will take the swimmer aside from the group and discuss why the behavior is unacceptable and focus on helping the swimmer exhibit the desired behavior.
2. Loss of privileges – If the behavior continues, the swimmer will lose team privileges (e.g., sit out of the current activity, pulled from their event at a meet, etc.).
3. Conference with the Head Coach – The Head Coach will schedule a conference with the parent or guardian and the swimmer to discuss continued inappropriate behavior.
4. Dismissal from the team – If the behavioral issues have not been resolved, the swimmer will be dismissed from the team. No refunds will be given for swimmers dismissed for behavioral reasons.

I have read and understand what is expected of my child while participating in the Duke Faculty Club Swim Team. I understand the policies in place for managing any inappropriate behavior and understand that a refund will not be given for any swimmers dismissed for behavioral reasons.

Parent/Guardian Signature _____ Date _____

2017 AQUA DEVILS FAMILY VOLUNTEER PLEDGE

Parents are an important component of the Aqua Devils Team who must be involved at multiple levels, from helping and encouraging their children to contributing essential volunteer hours. To a very large extent, the Aqua Devil swim team (and 100% for the Durham Summer Swim League) is a volunteer effort. In order to have the most successful and fun season possible, we need the participation of every family.

I understand that the Durham Summer Swim League is run by volunteers and that the swim season cannot be run without the help of volunteers. I agree to fulfill my volunteer commitment of:

- Two (2) volunteer roles at swim meets per family (regardless of number of swimmers participating on the team)
OR
- One (1) committee role that will last throughout the swim season, with attendance at the committee's events a requirement for serving on the committee and receiving volunteer credit
OR
- Making a payment to DFC, prior to the Intrasquad meet, of \$200. (*This 3rd option is discouraged!*)

I agree that I will fulfill my volunteer responsibilities to the team regardless of how many meets my family is able to attend or whether my swimmer(s) chooses to participate in meets.

I understand that if my swimmer(s) chooses not to participate in swimming and withdraw from the team, I will notify the team (dfc.swimteam@duke.edu) in writing by the date of the Intrasquad meet (May 31). If I withdraw after that date and do not fulfill my volunteer requirement, my DFC account will be charged \$200.

I agree to sign up for my entire volunteer commitment no later than the date of the Intrasquad meet (May 31). In the event that I have not done so, I understand that my swimmer(s) will not be allowed to register for or swim at meets until I sign up to volunteer.

I agree to provide as much notice as possible in the event that I am unable to fulfill the commitment for a volunteer spot I agreed to fill. I understand that if I must withdraw from a position less than 1 week before a meet, it is my responsibility to switch with someone or otherwise find a replacement. I understand and agree that if I withdraw from a position less than 1 week before the meet and do not switch with someone or find a replacement, my DFC account will be billed \$100 for the missed volunteer shift.

I understand that if I choose the 2 volunteer roles but perform less than 2 roles, my DFC account will be billed \$100 for each shift that I fail to complete. If I sign up for a committee but cannot attend the committee's event(s), I must sign up and complete 2 volunteer roles at meets or my DFC account will be charged \$200.

I agree that in fulfilling my volunteer roles, I will be respectful to parents, swimmers, coaches and volunteers, staff and spectators, and that I will exhibit good sportsmanship.

Parent/Guardian Signature _____

Date _____