



OFF SEASON Swim Practice

Swimmer First Name: _____ Middle: _____ Last: _____

Birthdate: ___/___/___ Age: ___

Additional Sibling Swimmers:

First Name: _____ Middle: _____ Last: _____

Birthdate: ___/___/___ Age: ___

First Name: _____ Middle: _____ Last: _____

Birthdate: ___/___/___ Age: ___

First Name: _____ Middle: _____ Last: _____

Birthdate: ___/___/___ Age: ___

Parent/Guardian: _____ Preferred Phone: _____

Address: _____ City: _____ Zip: _____

Email(s): _____

Emergency Contact: _____ Phone: _____

Physician: _____ Phone: _____

Medical condition and/or medications that the coaches should know of:

Thank you for your interest in the Charlevoix
Stingray Swim Team!

Flip page over for code of conduct and participation information:

Please read the attached Code of Conduct as well as Charlevoix Stingray Swim Team Policy and Philosophy before proceeding.

Please read and Sign:

I understand and accept the non-refundable, non-transferable fee structure, team policies and code of conduct: that payments must be made up front in order to attend practice. I allow CACP and its staff to contact me and/or my child via email or phone for swim team news and pool information.

Participation in any activity at the Charlevoix Area Community Pool is at the sole discretion and judgment of the patron, and at his or her own risk. I, the signatory, for myself and my dependents, assume full responsibility for any injuries or damages which may occur to me or my dependents, in, on or about the premises of the facility and do hereby fully and forever release and discharge Charlevoix Area Community Pool, its agents, or employees, and the Charlevoix Area Community Pool Board from any and all suits, claims, damages, costs and expenses of every kind, in conjunction with the use of this facility and equipment thereof, except that arising out of sole negligence of the Charlevoix Area Community Pool.

I, the signatory, for myself and my dependents, further agree to abide by the rules of the facility, to use all equipment and the facility properly and leave them in good condition. I, the signatory, assume total liability and agree to reimburse the Charlevoix Area Community Pool for all damages incurred through the misuse of the facility and/or equipment thereof. I, the signatory, certify that the information given in this application is complete, accurate, and that the individuals are eligible to participate.

Signature of Parent/Guardian: _____ Date: _____

The CACP has my permission to use my child's photo in promotional / marketing applications. Please Initial: _____

I have read the Code of Conduct and discussed the expectations with my swimmer(s). The swimmer(s) understands the Code of Conduct and will follow it at home and away events and at any event where CSST is represented including practices.

Signature of Parent/Guardian: _____ Date: _____

Signature of Swimmer(s): _____ Date: _____

Additional Swimmers: _____

CHARLEVOIX STINGRAY SWIM TEAM

CODE OF CONDUCT

As a swimmer & member of the Stingray Swim Team, I will abide by the following code of conduct:

1. I will listen and follow instructions.
2. I will behave quietly and appropriately in the lobby and pool facility.
3. I will be respectful of others and I will treat the property of others with respect.
4. I will be on time for practice, training sessions, and meets.
5. I will leave the pool area in a neat and clean condition at the conclusion of each practice session. I understand this also applies to pool locker/rest rooms.
6. I will practice good sportsmanship and I will promote positive team spirit.

Prohibited Behavior: I understand that at no time will the following be accepted:

1. Inappropriate language or behavior
2. Bullying or isolating other swimmer(s).
3. Stealing or vandalism.
4. Use or possession of any illegal substance (i.e. alcohol, drugs, tobacco).
5. Misuse of the pool facility

Consequences for Violation of the Code of Conduct:

This code shall be enforced for all CSST swimmers during practice, swim meets, and at events sponsored by CSST. Swimmers/swimmer's family may be financially responsible for any repairs or damages. Disciplinary actions listed below will be followed depending on the severity of prohibited behavior:

1. Verbal warning and removal from pool
2. Written warning and meeting with parent/guardian
3. Suspension or expulsion from the team

CHARLEVOIX STINGRAY SWIM TEAM

POLICY AND PHILOSOPHY

Teamwork: CSST is built upon the commitment, support, and participation of the Charlevoix Area Community Pool, coaches, swimmers, parents/guardians, and the community at large. CSST believes that its success in achieving the team's goals is dependent upon the cooperation of all members.

Coaching: CSST is committed to providing comprehensive swim and stroke training by experienced coach(es). We promote a positive environment and the practice of healthy lifestyle habits, self-discipline, focus, determination, and teamwork.

The Swimmer: CSST believes that each swimmer is an individual with different backgrounds, needs, and goals. The team focuses on the development of positive self-esteem and individual goal setting. The team encourages swimmers to represent CSST by participating in swim meets and by attending off season practices and events. We believe that all members should model team spirit and sportsmanship.

The Parent/Guardian: CSST holds that the main responsibility of the parent/guardian is to provide a caring, supportive environment for your swimmer(s). Please show your support by ensuring that your swimmer arrives on time and is prepared for practices and swim meets. Also show your support by always being a positive role model of good sportsmanship toward coaches, officials and other teams. We always are looking for volunteers to help with meets and CSST sponsored events!

Communication: The coach will primarily be communicating via email and text message. Communication will be sent to inform parents/guardians of upcoming events, such as swim meets, team social events, etc. Be sure to keep your e-mail address and phone number current! Coach Megan's email is: megan@charlevoixpool.org.

Equipment:

Practice: swimsuit, goggles, cap (for those with long hair), water bottle, towel

Encouraged: snacks and extra water

**You are strongly encouraged to label all your swimmer's equipment. Labeled equipment found at practice can easily be returned to the swimmer. Unlabeled equipment found around the pool deck will be placed in the lost and found. It will be kept for 30 days and then if not claimed donated to a local charity.

2024 OFF SEASON FEES:

Punch pass prices must be paid in full

10-Punch Resident: \$70.00 PER SWIMMER

10-Punch Non-District: \$85.00 PER SWIMMER

*NOTE: Passes are non-refundable and non-transferable. No sharing or splitting of passes between swimmers. **Financial assistance and payment options are available upon request or online. Contact facility manager Kathy for more details: kathy@charlevoixpool.org.** When renewing a pass, you can stop in with payment or we can charge a debit or credit card via phone. All OFF-SEASON passes will expire one year from date of purchase. This means they can be used anytime there is off season practice from March to October.