

# **Cochrane Comets Registration Package 2011 – 2012**

**We have two different registration packages.**

***This one is for the Developmental Squad***

Forms may be dropped off at our Registration Night  
September 12<sup>th</sup>, 2011

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Spray Lakes Recreation Centre

6:30 – 7:30 pm

**ALL CHEQUES AND FORMS MUST ACCOMPANY  
REGISTRATION PACKAGE**

[www.cochranecomets.ca](http://www.cochranecomets.ca)

# Cochrane Comets Winter Swim Club

## 2011 – 2012 Season

### Developmental Program

This is a non-competitive program

Designed for swimmer 6 to 12 years of age

Swimmer must have passed Red Cross Level Four

Swimmer must be able to swim a full length of the pool unassisted

Swimmers will also be assessed by coaching staff who reserve the right to deny entry into the session based on swimmer ability

Offered three times per season

Runs for 8 weeks

2 practice times per week (*Tuesdays & Thursdays*)

*Session 1 – October 4 – November 24, 2011*

*Session 2 – January 3 – February 23, 2012*

*Session 3 – March 6 – April 26, 2012*

The fee is \$250.00 per swimmer per session, includes registration and a club swim cap

There is 1 mandatory fundraiser per year, Swim a thon

Transfer to the competitive program is encouraged on completion of this program

### Competitive Program

Designed for swimmers 6 to 18 years of age

Runs for 7 to 11 months depending on each swimmer ability

4 to 5 practice times per week which includes swimming and dryland training

*Start Date is Monday, September 19, 2011*

The fee is based on a tiered system dependent upon swimmer ability and includes registration and a club swim cap

There is 1 mandatory fundraiser (swim-a-thon) and various other fundraisers offered throughout the year

Meet fees are collected as required and run approximately \$25.00-\$55.00 per meet

**A Comets club swim suit is required for competition**

### Refund Policy

Parents are required to give a 30 day written notice of a swimmers withdrawal

Notices will only be accepted until December 1, 2011

Pro-rated refunds will only be granted until December 30, 2011

Cochrane Comets Winter Swim Club  
2011 – 2012  
**Practice Times**

**Black Squad**

Coach – Randi Willisko  
Monday and Wednesday @ 5:30 – 7:30 p.m.  
Tuesday, Thursday and Friday @ 6:00 – 7:30 a.m.

**Gold Squad**

Coach – Randi Willisko  
Monday and Wednesday @ 5:30 – 7:30 p.m.  
Tuesday, Thursday @ 6:00 – 7:30 a.m.

**Blue Squad**

Coach – Val Cheadle  
Monday and Wednesday @ 5:30 – 6:30 p.m.  
Tuesday and Thursday @ 6:00 – 7:30 a.m.

**Developmental Squad**

Coach – TBA  
Tuesday and Thursday @ 3:45- 4:45 p.m.

**The Comets reserve the right to cancel the developmental squad if there are an inadequate number of swimmers enrolled to run the session.**

All swimmers are expected to be on deck on time for practice. This will allow you to do a proper stretch and ensure that practice starts on time.

As well, all swimmers are expected to stretch at the end of each practice to help reduce muscle fatigue and injuries.

Be prepared for each practice with swimsuit, goggles, cap and water.

**Cochrane Comets Winter Swim Club**  
**2011 – 2012**  
**Family Payment Schedule**  
**Developmental Squad**

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

Swimmer: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Phone: (h) \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_

Payment Options:   **1 cheque or credit card payment - \$250.00**  
October 4, 2011 cheque # \_\_\_\_\_  
January 4, 2012 cheque # \_\_\_\_\_  
March 8, 2012 cheque # \_\_\_\_\_

**2 cheques or credit card payment - \$125.00**  
October 4, 2011 cheque # \_\_\_\_\_  
November 4, 2011 cheque# \_\_\_\_\_  
  
January 3, 2012 cheque # \_\_\_\_\_  
February 3, 2012 cheque # \_\_\_\_\_  
  
March 6, 2012 cheque # \_\_\_\_\_  
April 6, 2012 cheque # \_\_\_\_\_

Choose the appropriate dates from above list depending on session your swimmer is attending.

**Type of Credit Card:**    Visa                      Mastercard

Card Number: \_\_\_\_\_

Expiry Date: \_\_\_\_\_

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

**PLEASE CIRCLE YOUR PAYMENT OPTION AND ENTER CHEQUE NUMBERS OR CREDIT CARD INFORMATION. THERE IS A ONE-TIME \$25.00 ADMINISTRATION FEE FOR CREDIT CARD PAYMENTS.**

**Fundraising**

Swim-a-thon: There is no longer a separate fundraising fee but, families have the opportunity to recoup a portion of the program fee by collecting pledges for their swimmer

*Swimmer will be unable to attend until all cheques and forms are received*

*There is a \$25.00 charge per NSF cheque*

*All NSF cheques must be cleared by cash or certified cheque within 14 days of notification by the club. After this period if the outstanding debt is not cleared, the affected swimmer will not be able to attend club practices, swim meets or club functions.*

Sign: \_\_\_\_\_ Date: \_\_\_\_\_

**Cochrane Comets Winter Swim Club**  
**Personal Health Form**  
**2011 - 2012**

Swimmers Name: \_\_\_\_\_

Address: \_\_\_\_\_

Birth date: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Mother: \_\_\_\_\_ Phone (h) \_\_\_\_\_ (w) \_\_\_\_\_

Cell: \_\_\_\_\_

Address:(if different from above) \_\_\_\_\_

Father: \_\_\_\_\_ Phone (h) \_\_\_\_\_ (w) \_\_\_\_\_

Cell \_\_\_\_\_

Address:(if different from above) \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**Alberta Health Care Number:** \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone # \_\_\_\_\_

**Does the participant currently suffer from any of the following?**

ARTHRITIS: \_\_\_\_\_ CONVULSIONS: \_\_\_\_\_ MOTION SICKNESS \_\_\_\_\_ HEADACHES \_\_\_\_\_

RESPATORY AILMENTS: \_\_\_\_\_ SLEEPWALKING: \_\_\_\_\_ NIGHTMARES: \_\_\_\_\_ EAR TROUBLE \_\_\_\_\_

OTHER: \_\_\_\_\_

Please give details of medication or treatment required for above: \_\_\_\_\_

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Does the participant suffer from any physical or emotional disorder that may prevent them from fully participating in this program?

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Does the participant have any special instructions regarding health or diet? \_\_\_\_\_

List all allergies and usual treatment: \_\_\_\_\_

Date of last tetanus shot? \_\_\_\_\_

Does the participant wear corrective lenses? \_\_\_\_\_

**PLEASE NOTIFY THE REGISTRAR REGARDING ANY CHANGES TO THE ABOVE INFORMATION**

*I hereby authorize the chaperone in charge to secure such medical advice or services that may be deemed necessary for the health or safety of the participant. I agree to accept financial responsibility in excess of the benefit allowed by Alberta Health Care.*

Sign: \_\_\_\_\_ Dated: \_\_\_\_\_

Witnessed: \_\_\_\_\_

The Cochrane Comets Swim Club  
**Website Waiver Form**

Please read carefully and sign the consent section.  
Swimmer under 18 must have a parent or guardian sign the consent.

The Freedom of Information and Protection of Privacy Act requires that consent be obtained for use of personal information.

The Cochrane Comets Swim Club requests that a consent form be signed for release of swimmer information to the Cochrane Comets website.

This information may include but is not limited to:  
Individual photos taken at competitions or awards presentations  
Swimmer name, gender or age in meet results  
Other activities within the swimming community

Please indicate your consent for the Cochrane Comets to use information by signing either A or B below.

Swimmers Name: \_\_\_\_\_

**A.** I hereby consent to the collection and use of information as outlined above.

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

\_\_\_\_\_  
Date

**B.** I do not consent to the use of information as outlined above

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

\_\_\_\_\_  
Date

Please download a copy of the **Town of Cochrane Informed Consent, Code of Conduct** and the **Swim Alberta Freedom of Information and Protection of Privacy Act** from our website and include them with your registration package.