

# **Cochrane Comets Registration Package 2010 – 2011**

**We have two different registration packages.**

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

Forms may be dropped off at our Registration Night  
September 8<sup>th</sup>, 2010

@

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 2010 – 2011 Season

## Developmental Program

This is a non-competitive program  
Designed for swimmer 5 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  
Offered three times per season  
Runs for 8 weeks  
2 practice times per week (*Tuesdays & Thursdays*)  
*Session 1 – October 5 – November 25, 2010*  
*Session 2 – January 4 – February 24, 2011*  
*Session 3 – March 8 – April 28, 2011*

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 5 to 18 years of age  
Runs for 8 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 20, 2010*  
The fee is \$1000.00 per year per swimmer and includes registration and a club swim cap  
There are 3 mandatory fundraisers per year, a casino, a fundraiser to be determined and a swim-a-thon  
Meet fees are collected as required and run approximately \$45.00 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 granted until December 1, 2010  
Pro-rated refunds will only be granted until December 30, 2010

## Comet Cash

Safeway and IGA gift certificates are available through the club  
By purchasing these you may earn up to 5% of your total in Comet Cash  
ie: \$100.00 cash will buy you \$100.00 in gift certificates and \$5.00 in Comet Cash  
Comet Cash may be used to purchase club merchandise, or pay meet fees

Cochrane Comets Winter Swim Club  
2010 – 2011  
**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 – TBA  
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 is an inadequate number of swimmers enrolled to run the session.**

All swimmers are expected to be on deck 15 minutes before practice starts. This will allow you to do a proper stretch and ensure that practice starts on time. As well, all swimmers are expected to stretch for minimum of 15 minutes 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**  
**2010 – 2011**  
**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 5, 2010 cheque # \_\_\_\_\_

January 4, 2011 cheque # \_\_\_\_\_

March 8, 2011 cheque # \_\_\_\_\_

**2 cheques or credit card payment - \$125.00**

October 5, 2010 cheque # \_\_\_\_\_

November 5, 2010 cheque# \_\_\_\_\_

January 4, 2011 cheque # \_\_\_\_\_

February 4, 2011 cheque # \_\_\_\_\_

March 8, 2011 cheque # \_\_\_\_\_

April 8, 2011 cheque # \_\_\_\_\_

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

Type of Credit Card:    Visa                    Mastercard                    American Express

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

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

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

**PLEASE CIRCLE YOUR PAYMENT OPTION AND ENTER CHEQUE NUMBERS OR CREDIT CARD INFORMATION.**

**Fundraising**

**Swim-a-thon:**     \$100.00 cheque dated November 1, 2010 or February 1, 2011 or April 1, 2011

cheque # \_\_\_\_\_

Fundraising must be paid by cheque. Credit card payment is not an option.

*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**

### **2010 - 2011**

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

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

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

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

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

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

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

Cell \_\_\_\_\_

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

(if different than swimmer)

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 \_\_\_\_\_

RESPIRATORY 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: \_\_\_\_\_



