

Cochrane Comets Registration Package 2008 - 2009

We have two different registration packages.

This is one is for the Competitive Swimmer

Returning swimmers and their siblings must be registered by August 1, 2008. No late registrations will be accepted. Returning swimmers should drop their registrations off at the pool or mail them to the below address.

Those returning swimmers who have not registered by August 1, 2008 but still wish to swim with the Comets and all new swimmers' registration packages must be dropped off at our registration night

September 9th, 2008

@

Spray Lakes Recreation Centre

6:30 – 8:00 pm

Cochrane Comets

P.O. Box 1361

Cochrane, Alberta

T4C 1B3

www.cochranecomets.ca

Cochrane Comets Winter Swim Club

2008– 2009 Season

Competitive Program

Designed for swimmers 5 to 18 years of age

Runs for 8 to 11 months depending on each swimmers ability

4 to 7 practice times per week which includes swimming and dryland training

Start Date is Monday, September 24, 2008

The fee is \$975.00 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 swimsuit is required for competition

Developmental Program

This is a non-competitive program

Designed for swimmers 5 to 12 years of age

Only offered once per season

Runs for 10 Weeks

2 practice times per week

Start date is Monday, October 6, 2008 or Tuesday October 7, 2008

Last day is Wednesday, December 10, 2008 or Thursday, December 11, 2008

The fee is \$295.00 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

Refund Policy

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

Notices will only be accepted until December 1, 2008

Pro-rated refunds will only be granted until December 30, 2008

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

Comets Cash may be used to purchase club merchandise, or pay meet fees

Cochrane Comets Winter Swim Club 2008 – 2009 Practice Times

Black Squad

Coach - Suzanne Gaida

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

Gold Squad

Coaches – Suzanne Gaida and Patti Coderre

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

Blue Squad

Coach – Patti Coderre

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

Developmental Squad

Coach – Patti Coderre

Monday and Wednesday 6:30 – 7:30 p.m.
or
Tuesday and Thursday 3:45 – 4:45 p.m.

The Comets reserve the right to cancel one or both of the developmental squads if there are an inadequate number of swimmers enrolled to run the session.

All swimmers are expected to be on deck 10 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 a minimum of 10 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.

Beginning in late October additional practices may be added on Tuesday and Thursday from 3:45 – 4:45 p.m. for swimmers who have achieved a B time

**Cochrane Comets Winter Swim Club
2008– 2009 Season
Payment Schedule**

Family Name : _____

Swimmer : _____

Mailing Address : _____

Postal Code : _____ Phone : _____

E-Mail : _____

Payment Options: 1 cheque or credit card payment - \$975.00
 September 9, 2008 cheque # _____

 2 cheques or credit card payments - \$487.50
 September 9, 2008 cheque # _____
 October 9, 2008 cheque # _____

 4 cheques or credit card payments - \$243.75
 September 9, 2008 cheque # _____
 October 9, 2008 cheque # _____
 November 9, 2008 cheque # _____
 December 9, 2008 cheque # _____

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.

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

There is a \$25.00 charge per NSF cheques

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
2007– 2008 Season
Fundraising**

Casino: \$200.00 cheque dated September 9, 2008 # _____

Fundraiser: \$200.00 cheque dated October 9, 2008 # _____

Swim-a-thon \$100.00 cheque dated March 31, 2009 # _____

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

Officiating Policy

Club policy for officiating states that each family is required to officiate for 1 shift at each swim meet your swimmer attends.

If you cannot work your shift you must find a replacement.

An officiating clinic is offered to the Cochrane Comets each fall and attendance is mandatory for those who have not yet been carded.

Sign: _____ Date: _____

Refund Policy

I have read and understand the refund policy.

Sign: _____ Date: _____

Cochrane Comets Winter Swim Club
Personal Health Form
2008 -2009

Name: _____

Address: _____

Birthdate: _____ Height _____ Weight: _____

Mother: _____ Phone: (h) _____ (w) _____
Cell: _____

Address: _____
(if different than swimmer)

Father: _____ Phone: (h) _____ (w) _____
Cell: _____

Address: _____
(if different than swimmer)

Emergency Contact: _____ Phone: _____

Address: _____

Alberta Health Care Number: _____

Family Doctor: _____

Does the participant currently suffer form any of the following:

ARTHRITIS: _____ CONVULSIONS: _____ MOTION SICKNESS: _____ HEADECHES _____

RESPIRATORY AILMENTS: _____ SLEEPWALKING: _____ NIGHMARES: _____ EAR TROUBLE: _____

OTHER: _____

Please give details of medication or treatment required for above: _____

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

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

List all allergies & 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.

SIGNED: _____ DATE: _____

WITNESSED _____

Cochrane Comets Winter Swim Club

P.O. Box 1361
Cochrane, Alberta
T4C 1B3

Website Waiver Form

Please read carefully and sign the consent section.

Swimmers 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 Winter 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 and/or age in meet results

Other activities within the swimming community.

Please indicate you 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** and the **Swim Alberta Freedom of Information and Protection of Privacy Act** from our website and include them with your registration package.