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FOR SOCIAL RESPONSIBILITY

# Skaneateles Lightning Swim Team

## 2022 Spring/Summer Registration

April 25, 2022 – August 13, 2022

\*Please make checks payable to Skaneateles YMCA\*

Please Print:

Swimmers Name: First, M.I. Last	M /F	Current Age	Date of Birth	T-Shirt Size	Level: Please Circle one for each swimmer
1.					Lightning    Pre-Lightning
2.					Lightning    Pre-Lightning
3.					Lightning    Pre-Lightning
4.					Lightning    Pre-Lightning

### Swimmer's Information:

Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Primary Phone number \_\_\_\_\_

### Parent/Guardian's Information:

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Work Phone \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Work Phone \_\_\_\_\_ Email \_\_\_\_\_

**\*\*E-MAIL ADDRESS\*\***

(E-MAIL Address used for communication through Team Unify)



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### Registration Paperwork

**\*\*All paperwork must be completed and handed in at the time of registration.  
Registration must be completed on or before the first day of practice.**

- Registration Packet completed
- YMCA Membership is active (**entire season**)
- Swim Team fee(s) paid (**in full/monthly bank draft**)

## Lightning Swim Team Prices

	Spring/Summer (4/25/22 - 8/14/22)
<b>Lightning</b> 10 hrs./wk.	<b>\$300.00</b>
<b>Pre-Lightning</b> 2 hrs. /wk.	<b>\$130.00</b>

**USA Swimming Fees will be collected individually based on availability/participation in USAS swim meets. Please contact Coach Seth to register your athlete for USAS. Please make sure you include your swimmers middle initial as it is used in building a USAS membership.**

**\*\*Additional fee of \$86 for USA Swimming Full Membership \*\***

**\*\*Additional fee of \$20 for USA Swimming Flex Membership (2 Meets) \*\***

### Lightning Practice Times

#### 5 practice days per week: 10 hours per week

Monday - Thursday: 5:30-7:30pm

Saturday: 8:00- 10:00am

- **Head Swim Coach will decide practice duration within each swim group for each swimmer**
- **Dry Land Training is open to swimmers 10 years of age and older or has prior authorization from the Head Coach.**

### Pre-Lightning

#### 2 practice days per week: 2 hours per week

Options: Monday & Wednesday or Tuesday & Thursday, 5:30-6:30pm

Swimmers on the Pre- Lightning team will spend 45 minutes every practice working on different areas of swimming (stroke development, starts, turns etc.) The last 15 minutes of the practice will be spent “playing”, learning the fun parts of swimming.

Pre-Lightning swimmers will be swimming in the Leisure and/or Competition pools during practices. The competition pool is kept at a cooler temperature intentionally to accommodate athletes that are training at a high intensity. If a pre-swim team member is moved from the competition pool back to the leisure pool, it is usually to keep them warm.



# Skaneateles Lightning Swim Team

## 2022 Spring/Summer Registration

### Medical Release Form

(If you have registered in the past, please do not fill this out again.)

Swimmers Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

#### Emergency Contact #1

Name/ Relationship \_\_\_\_\_

Phone Number \_\_\_\_\_

#### Emergency Contact #2

Name/ Relationship \_\_\_\_\_

Phone Number \_\_\_\_\_

**\*At least one contact must be accessible during practices and meets**

Allergies YES NO (if yes, detail) \_\_\_\_\_

Medications YES NO (if yes, detail) \_\_\_\_\_

Special Concerns: \_\_\_\_\_

\*Please use back of page for further space/explanations

#### Swimmer's Physician

Name \_\_\_\_\_

Phone # \_\_\_\_\_

#### Insurance Information

Company Name \_\_\_\_\_

ID or contract # \_\_\_\_\_

I do hereby give authority to the Skaneateles YMCA Lightning Swim Team coaches or other swim team administrator(s) to obtain appropriate medical and/or dental attention for my child in the event of an accident, injury or illness. I will be contacted as soon as possible in the event of such an emergency. In the event it is deemed necessary by the Lightning coaches, I authorize the contacting and services of the rescue squad, as well as the transporting of my child to the hospital.

Signature of Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_

**\*This authorization is valid from April 25 through August 13, 2022.**

**\*Parents are required to notify Coach Seth Williams of any changes to swimmers' medical information during the season**



# Skaneateles Lightning Swim Team

## 2022 Spring/Summer Registration

### Photo/Social Media Release Form

As part of the Skaneateles YMCA Lightning Swim Team communication process, the team maintains a web site and periodically prints newsletters and statistics and/ or provides information to news organizations. This form documents how you want your swimmer’s information handled.

**Please read and sign below. Indicate YES or NO where appropriate:**

1. I hereby authorize the use of still photographs taken at swim meets or other swim team functions. I recognize these photos may be posted on the team website, Face book, or other social media outlet or used by news media in covering swimming events.

Yes  No

2. I understand that no personal demographic information will be posted on the team web site in conjunction with these photos.

Yes  No

3. I hereby grant permission to post swimming-related statistics and information on the team website, the team newsletter and/or to provide this information to the news media.

Yes  No

4. I understand that information listed on the LSC or USA Swimming web site regarding my child is not posted by the Team.

Yes  No

6. I authorize the Swim Team, LSC, and USA Swimming to use our contact information in a club roster.

Yes  No

7. I hereby release the Swim Team, the LSC or USA Swimming from any and all liability in connection with the above said uses and purposes.

Yes  No

Swimmer’s Name \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_



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# Skaneateles Lightning Swim Team 2022 Spring/Summer Registration

## Dry Land Training Release Form

Swimmers Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Home Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Please initial:**

I understand the personal safety of the swimmer is of first importance to the Skaneateles Lightning and the Skaneateles YMCA staff: \_\_\_\_\_

I understand the cost for any injury sustained during the program is the parent’s responsibility and the team is in no way responsible for any cost: \_\_\_\_\_

I do hereby give authority to the Skaneateles YMCA Lightning Swim Team coaches or other swim team administrator(s) to obtain appropriate medical and/or dental attention for my child in the event of an accident, injury, or illness. I will be contacted as soon as possible in the event of such an emergency. In the event it is deemed necessary by the Lightning coaches, I authorize the contacting and services of the rescue squad, as well as the transporting of my child to the hospital.

Name of Parent/Guardian \_\_\_\_\_  
Signature of Parent/Guardian \_\_\_\_\_  
Date \_\_\_\_\_

- \*This authorization is valid from April 25 through August 13, 2022.**
- \*Parents are required to notify Coach Seth Williams of any changes to swimmer’s medical information during the season.**

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**Per the US Anti-Doping Agency, swimmers and their parents are required to abide by the following protocols:**

I understand and agree that the FINA Anti-Doping Rules and U.S. Anti-Doping Agency Protocol for Olympic and Paralympic Movement Testing (USADA Protocol) and all other policies and rules adopted by FINA, USADA, and the USOPC apply to me and that it is my responsibility to comply with those rules. I agree to submit to drug testing at any time and understand that the use of methods or substances prohibited by the applicable anti-doping rules would make me subject to penalties including, but not limited to, disqualification and suspension. If it is determined that I may have committed a doping violation, I agree to submit to the results management authority and processes of USADA, including arbitration under the USADA Protocol, or to the results management authority of FINA and/or USA Swimming, if applicable or referred by USADA.

Name of Parent/Guardian \_\_\_\_\_  
Signature of Parent/Guardian \_\_\_\_\_  
Date \_\_\_\_\_



## Skaneateles Lightning Swim Team 2022 Spring/Summer Registration

Skaneateles YMCA Lightning Code of Conduct/Expectations: Please read thoroughly with your athlete.

- I will respect and show courtesy to my teammates, coaches, and parents of the program at all times.
- I will demonstrate good sportsmanship at all practices and meets.
- I will set a good example of behavior and work ethic for my teammates.
- I will be respectful of my teammates' feelings and personal space. Swimmers/Parents who exhibit sexist, racist, homophobic, or otherwise inappropriate behavior will be faced with consequences.
- I will attend all team meetings and training sessions unless I am excused by my coach.
- I will show respect for all facilities and other property (including locker rooms) used during practices, competitions, and team activities.
- I will refrain from foul language, violence, behavior deemed dishonest, offensive, or illegal.
- If I disagree with an official's call, I will talk with my coach and not approach the official directly.
- Parents and athletes will face disciplinary actions if they interfere/disrupt a practice or competition.
- I will obey all of YMCA/USA Swimming's rules and codes of conduct.
- I will always follow Safe Sport guidelines and expectations.
- During meets, parents are not allowed on deck unless they are working in an official volunteer capacity.

I understand that if I violate this code of conduct, I will be subject to disciplinary action as deemed appropriate by the Head Coach, Aquatics Director, and YMCA Branch Executive Director. Disciplinary action may include a written warning, 30-day suspension, 1-year suspension, or lifetime ban of program/facility.

\_\_\_\_\_  
Swimmer's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Swimmer's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Swimmer's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Swimmer's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's signature

\_\_\_\_\_  
Date