



Dear Prospective Blue Waves Parents and Swimmers,

We hope that everyone is enjoying their summer! We are excited to get back into the swim season. Our **Informational Meeting for Parents will be held on Thursday, September 10th at 6:30pm in the Wellness Center.**

We have some exciting changes to our Competitive Swimming Program for the 2009-2010 season! This year we are extending our competitive season to include a built-in preseason. **We will begin practice on Wednesday, September 23rd.**

This season we will be introducing our new team breakdown: Blue, White, Silver, Senior. This breakdown will help the coaches in utilizing the pool time to the best of their ability, as well as providing proper instruction to all skill levels on our team.

All swimmers will be required to try-out during the week of September 14th-17th. There is a \$5 fee for try-outs. Spaces are limited on the team, therefore spots cannot be guaranteed.

Try-Out Schedule:

AQBW1	Mon, Sept 14:	7:00-8:00pm	*Everyone MUST pre-register to attend try-outs.
AQBW2	Tue, Sept 15:	6:00-7:30pm	
AQBW3	Wed, Sept 16:	7:00-8:00pm	*Please bring your registration packet with you to try-outs.
AQBW4	Thu, Sept 17:	6:00-7:30pm	

After try-outs, all swimmers will receive a grouping (Blue, White, Silver, Senior) that will determine their practice level, practice times and cost for the remainder of the season. In order to continue your registration for Blue Waves, the swimmer **MUST be a current member of the West Suburban YMCA** (in accordance to YMCA league rules). Memberships can be obtained at the Front Desk or through the Membership Department.

****All swim team registrations MUST go through the Aquatics Department!****

Practice Schedule:

			<u>Cost:</u>
Monday:	5:00-6:00pm	Blue	Blue: \$600
	7:00-8:00pm	White, Silver, Senior	White: \$650
Tuesday:	5:00-6:00pm	Blue	Silver: \$675
	6:00-7:00pm	White	Senior*: \$350
	6:00-7:30pm	Silver, Senior	*This grouping is for high school swimmers
Wednesday:	5:00-6:00pm	Blue	<u>ONLY!</u> Written proof <u>MUST</u> be provided
	7:00-8:00pm	White, Silver, Senior	by your swim coach at registration.
Thursday:	5:00-6:00pm	Blue	
	6:00-7:00pm	White	
	6:00-7:30pm	Silver, Senior	

**Additional practices may be scheduled on Sunday mornings for White, Silver, and Senior – Dates TBD

**A dry-land program is currently under construction. Finalized information will be available on the website.

Approximately five dual swim meets against local YMCAs will run from November through January. The competitive season will end with the **Snow Bowl Championship Swim Meet**. Post-Season swimming will be available to those who qualify for Districts and New England's at an additional cost.

For more information about the Blue Waves Swim Team, please visit our website at:
http://www.westsuburbanymca.org/main/programs/blue_waves_swim_team/.

Looking forward to a GREAT swim season!
The Aquatics Department and the Coaching Staff



2009 – 2010 Parent & Swimmer Codes of Conduct

General

All team members are expected to be orderly, courteous, and show sportsmanship during practices, meets, and at any team-related function. In other words, team members are asked to be living examples of the YMCA character development traits of Caring, Honesty, Respect, and Responsibility. Any inappropriate behavior, as outlined in the Blue Waves Code of Conduct, may constitute cause for dismissing a swimmer from practice or a meet, or to be sent home from a team function. Any violation of the Code of Conduct will be reviewed by the Blue Waves coaching staff and may lead to suspension or dismissal from the team.

Code of Conduct

In order for the team and individual swimmers to achieve their goals and maintain a constructive, safe, and positive environment for everyone, it is necessary for all participants to adhere to the following guidelines:

Swimmers should *always*:

- Act in a manner that reflects the YMCA core values.
- Make an effort to show good sportsmanship.
- Show respect for coaches and teammates as well as lifeguards and other patrons in the pool area.
- Represent their team with pride.
- Come to practice and meets prepared with appropriate attire and equipment.

Swimmers should avoid:

- Disrespectful, aggressive, or destructive behavior, including excessive volume in the pool area.
- Profanity, lewd gestures, or vulgarisms.
- The use of tobacco, alcohol, narcotics, or performance enhancing drugs.
- Lying or cheating.

Swimmers are encouraged to:

- Maintain good grades and strong family relationships (these take priority!).
- Be conscious of their diet and fluid intake.
- Report any injuries or discomfort immediately.
- Give their best effort at practice and during meets.
- Ask questions and express concerns to coaches.

Any violation of the Blue Waves Code of Conduct has a negative effect on all participants, coaches, and families involved. Therefore, it is important that we all do our part to ensure a positive experience for everyone.



Registration Information

Competitive Season September 23rd-January 2010

Swimmer Name _____ Date of Birth ___/___/___

Street _____ City _____ Zip _____

Parent/Guardian Name(s) _____

Home Phone _____ Work Phone _____ Cell Phone _____

E-mail #1: _____

E-mail #2: _____

Please include me in the Swim Team Directory.

PAYMENT INFORMATION (Please circle payment method)

Check #: _____ (Please attach)

Card Type: AMEX MASTERCARD VISA

Name on the Card: _____

Card Number: _____ Expiration Date _____

I understand that I will be charged for my swimmer's Blue Waves Swim Team Grouping:

() Blue - \$600 () White - \$650 () Silver - \$675 () Senior - \$350

Name

Date

STAFF USE ONLY

Coach: _____

Date ___/___/___

B/W/S/HS

Staff Name _____

Date ___/___/___



MEDICAL HISTORY & CONSENT FORM

EMERGENCY CONTACT INFORMATION

SWIMMER'S NAME _____

EMERGENCY CONTACT #1 _____

EMERGENCY PHONE #: _____

SECONDARY PHONE #: _____

EMERGENCY CONTACT #2 _____

EMERGENCY PHONE #: _____

SECONDARY PHONE #: _____

MEDICAL BACKGROUND (CONFIDENTIAL)

DOES YOUR CHILD HAVE ANY MEDICAL CONDITIONS/ALLERGIES WE SHOULD BE AWARE OF? **YES/NO**

IF **YES**, PLEASE EXPLAIN: _____

DOES YOUR CHILD HAVE ANY SPECIAL NEEDS WE SHOULD BE AWARE OF? **YES/NO**

IF **YES**, PLEASE EXPLAIN WHAT THEY ARE AND HOW WE CAN BEST ACCOMMODATE THEM:

FIRST AID & EMERGENCY MEDICAL CARE AUTHORIZATION & CONSENT

I understand that every effort will be made by the staff of the West Suburban YMCA to contact a parent, guardian, or adult caregiver of the above-mentioned child in case of an emergency or other event requiring medical attention. However, if a parent, guardian, or adult caregiver cannot be immediately contacted, I hereby authorize the staff of the West Suburban YMCA to obtain transportation and medical treatment, including but not limited to hospitalization, injections, anesthesia, and/or surgery, at an appropriate medical care facility.

By signing this document, I hereby agree to the above-mentioned statement.

Parent/Guardian/Adult caregiver

Print Name

Date