

## NORTH EAST OHIO NEMESIS SWIM CLUB CONTRACT

I, \_\_\_\_\_, the parent (guardian) of \_\_\_\_\_  
Am contracting with North East Ohio Nemesis Swim Club to provide coaching and make  
available training facilities from April 5th to August 20th, 2010 for the Long Course Season.

I understand that:

1. My child must be a current registered member of USA Swimming.
2. I must have a signed Emergency Medical Authorization/release form on file with the club.
3. Fundraising will be announced at a later date. All families will be asked to participate.
4. Coaches of NEON may remove my child from practice or from the team for any one of the following reasons:
  - Disciplinary situations
  - Health concerns
  - Non-payment of fees
5. I understand that this contract obligates me to make payment for the entire amount regardless of whether my child chooses to swim the entire Long Course Season or participate in all the available practices. Payment must be made in full at the time of registration. Post dated checks can be used to make installment payments.
  - Cash \$ \_\_\_\_\_ or Check # \_\_\_\_\_ received \_\_\_\_\_
  - Check # \_\_\_\_\_ dated May 3<sup>rd</sup>, 2010 for \_\_\_\_\_ received \_\_\_\_\_
  - Check # \_\_\_\_\_ dated June 7<sup>th</sup>, 2010 for \_\_\_\_\_ received \_\_\_\_\_
6. I am responsible for all fees associated with returned checks.
7. Any requests for exceptions to the conditions listed above are subject to the Head Coach approval and must be presented in writing.

I, hereby, agree to the following contract and do so with the best intentions not only for the benefit of my child, but for every member of NEON.

\_\_\_\_\_  
Parent/Guardian Name (please print)

\_\_\_\_\_  
Parent/Guardian Signature (or swimmer if over 18 years of age)

\_\_\_\_\_  
Date

# 2010 Long Course Dues

\* \$50 is for a one year membership to USA Swimming, due upon registration. Team fees do not include registration fee. There is a USA swimming transfer form that needs to be filled out and turned in with the contract of any swimmers changing teams.

## **Gold & Silver Groups:**

More advanced groups separated by ability. A work out schedule for Monday through Saturday including dryland. Heavy emphasis on training with stroke instruction/drills when appropriate. Will work on racing techniques and strategies. Will be trained in all of the body's energy systems.

## **Bronze Group:**

A developmental group for beginning swimmers. Emphasis on stroke technique through many drills. Over emphasis on kicking for all strokes. Introduction to training methods including interval work and distance swimming. Development of the basics of starts and turns.

## **High School & Platinum Swimmers:**

NEON's elite level group. These swimmers are highly committed and attend practices regularly. Their training will consist of fine tuning their stroke mechanics and racing strategies. Practices will also focus on endurance training to help reach maximum potential in all events. Most swimmers in this group will have NAG "A" times in all four strokes. Admittance in this group must be approved by the head coach and any swimmer not attending practices and meets will be removed.

## **Payment Plan:**

A three installment payment plan: All post-dated checks must be brought in on day of registration.

**Platinum/Gold:** April 5<sup>th</sup> - Aug. 20<sup>th</sup> : \$500.00

**Silver:** April 5<sup>th</sup> - Aug. 20<sup>th</sup>: \$500.00

**Bronze:** April 5<sup>th</sup>- Aug. 20<sup>th</sup>: \$440.00

**Any swimmer not registering for the entire season will pay by the month at \$110 per month.**

**Family Discount: \$20 off 2<sup>nd</sup> swimmer \$40 off 3<sup>rd</sup> swimmer 4 or more FREE**



## Medical Authorization

I hereby give consent to authorize emergency treatment by the following medical care providers and local hospital in the event that my child should become ill or injured while at a swimming function:

Doctor: \_\_\_\_\_ Phone Number: (\_\_\_\_)\_\_\_\_\_

Dentist: \_\_\_\_\_ Phone Number: (\_\_\_\_)\_\_\_\_\_

Preferred Hospital: \_\_\_\_\_ Phone Number: (\_\_\_\_)\_\_\_\_\_

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for:

1. The administration of any treatment deemed necessary by the above mentioned doctor, or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist and,
2. The transfer of my child to any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists concurring in the necessity for such surgery are obtained prior to the performance of such surgery.

Physical impairments/allergies/medications to which a physician should be alerted (please list each child separately):

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**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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## Release Form

I hereby waive all claims for injury, or liability of any kind for the above mentioned swimmer(s), and, in the case of an accident or injury in any way resulting, directly or indirectly from participation in such programs, hold blameless from any liability the NEON (North East Ohio Nemesis) Swim Club, it's officers, coaches, City of North Olmsted or any other persons or persons in any way connected or associated with this program. Furthermore, in case of emergency medical attention that may be necessary, I authorize the adult coaches to act on my behalf according to their best judgment and ability.

## Code of Conduct

Upon joining NEON, swimmers will be expected to conduct themselves in a manner of which becoming a competitive swimmer.

- Bring a positive attitude to practice to practice everyday.
- Show all coaches and teammates respect.
- Do not misuse the property of our practice facility, other teammates, coaches and teams.
- No physical or metal harassment will be permitted.
- Use appropriate language. (No Swearing)

**Consequences for not following code of conduct:**

- Verbal warning
- Meeting with parents, child and coaches addressing the issue
- Suspension from team
- Removal from team

\*\*\*All consequences will be decided under digression of coaches.\*\*\*

**Signature of Swimmer:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_