

# Whitewaters Swimming

## High School Prep Registration

6-Week Program: October 1, 2006 – November 11, 2006

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Swimmers Name:

First: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last: \_\_\_\_\_

Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender M / F

Swimmer's email: \_\_\_\_\_

High School Team: \_\_\_\_\_

### Parent Contact Info

Name of primary parent contact: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name of secondary parent contact: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Please indicate T-shirt size for swimmer: (adult sizes) XS S M L XL

Please select:

1 – 3 practices per week: \$410 \_\_\_\_\_

4 - 6 practices per week: \$650 \_\_\_\_\_

*Tuition includes USSA registration fee and one Whitewaters T-shirt. Payment in full is due at time of registration. Please make checks payable to: Whitewaters Swimming. No refunds are provided; credit toward future seasons may be available at the coaches' discretion.*

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## Practice Schedule

**High School Prep swimmers may select from the following practice times:**

| <u>Day</u>     | <u>Monday</u>        | <u>Tuesday</u>       | <u>Wednesday</u>     | <u>Thursday</u>      | <u>Friday</u>        | <u>Saturday</u>      |
|----------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Practice times | 6:45 pm -<br>8:45 pm | 6:45 pm -<br>8:45 pm | 6:45 pm -<br>8:45 pm | 6:45 pm -<br>8:45 pm | 6:45 pm -<br>8:45 pm | 6:00 am –<br>8:00 am |

Swimmers need to be equipped with goggles and fins. Please also bring paddles and pull buoys, if possible. Also, please bring best times to the first practice.

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### Whitewaters Agreement

I have read the Whitewaters Contract regarding payments, Fee Schedule, and Swimmer/ Parent Agreement, and sign my name with the full understanding and agree to abide by all its terms and fees associated with Whitewaters Swimming.

\_\_\_\_\_ Date \_\_\_\_\_

**Please submit registration and payment to:**

Whitewaters Swimming  
257 Concord Place  
Pennington NJ 08534

**Please direct all questions to:**

Kara MacKillop  
Whitewaters Business Manager  
609-558-2621  
[kmackillop@hotmail.com](mailto:kmackillop@hotmail.com)

**WHITEWATERS SWIMMING**  
**PARENT/ SWIMMER CONTRACT**

• **Swimmer**

As a swimmer on the Whitewaters Swim Team, I understand and agree to the following:

1. I will attend practice on a regular basis (subject to level change and/or meet participation).
2. I will display a positive attitude towards the coaches and the team.
3. I will display positive sportsmanship.
4. I will follow safety guidelines before, during, and after practices and meets.
5. I will work to my full potential at practices.

• **Parent**

As a parent on the Whitewaters Swim Team, I understand and agree to the following:

1. I will be a positive role model for my child.
2. I will be supportive to the coaches and officials.
3. I will communicate with the coaches either before or after practice (not on deck).
4. I will keep updated with communication via the email, website, and scheduled parent meetings.

• **Coaches**

As coaches of the Whitewaters Swim Team, we agree to the following:

1. We will be positive role models for the swimmers.
2. We will provide a pleasant atmosphere in which to train the swimmers.
3. We will keep current with the latest advances and knowledge in the sport of swimming.
4. We will provide the best and most appropriate level of training for swimmers at their individual stage of development and competitiveness within the boundaries of each training group.
5. We will conduct practices with knowledge and enthusiasm.
6. We will provide open communication among coaches, parents and swimmers.
7. We will maintain a safe atmosphere in and around the pool deck.