



Welcome!

Congratulations on your decision to participate in the Cosumnes River Aquatics swimming program. We hope the training and experience you receive will enhance both your swimming performance and your life. We are very excited to have you join our team!

Attached is your registration packet:

- Registration Information Page (swimmer keeps)
- History and Philosophy Page (swimmer keeps)
- Your copy of Code of Ethics (swimmer keeps)
- Dues Structure (Sign & Turn In)
- Family Registration Form (Fill Out & Turn In)
- Swimmer/Parent/Coach - Code of Ethics Form (Sign & Turn In)
- Health/Emergency/Liability Form (Fill Out one for each swimmer & Turn In)
- USS Registration (Fill Out & Turn In or Register online & Turn In Confirmation Page)

You will receive the first 5 consecutive days of practice free, so checks will not be cashed until after that time.

Thanks for joining us!

REGISTRATION PROCESS

Please read and familiarize yourself with the entire registration packet, then complete the following:

1. Fill Out and Turn In the CRA forms in the packet
 - a. Dues Structure Form (Check made out to CRA)
 - b. Family Registration Form
 - c. Code of Ethics Form w/ Signature Page
 - d. Health/Emergency/Liability Form
2. Turn in your first month's CRA dues payment
3. You must also print (or obtain from the registrar) and fill out the appropriate USA Swimming Registration

Form and pay the annual or seasonal fee, whichever applies. If mailed please make check out to Sierra Nevada Swimming. Alternately, you may register online and turn in the Confirmation Page with your CRA forms and dues payment.*

Please turn in all documents and payments to the Registrar on your first day of practice. Swimmers will not be allowed in the water without the forms and a check. DO NOT give forms to coaches. They must be filed by the registrar for you to be covered. You will receive the first 5 consecutive days of practice free, so checks will not be cashed until after that time.

*To complete your USA Swimming Registration online, please visit our website at www.craswimming.com and link to the Registration page from the menu on the left. You will find appropriate links and instructions for completing your registration online on this page. Please forward your confirmation to registrar@craswimming.com.

Swimming Requirements

Gator and Super Gator Group:

Ages: 5-8 (this is a guideline; the ages can vary to do ability)

Goals: learn the basic stroke mechanics for all 4 strokes, and turns. Develop streamline and kick strength. Learn practice etiquette. Have fun.

Admittance requirements: Ability to swim 4 continuous laps of freestyle, 2 laps of backstroke, and some skill development in breast stroke and butterfly.

Pre Junior Group:

Ages: 7-10 (this is a guideline; the ages can vary to do ability)

Goals: Refine stroke and turn technique and begin aerobic training, introduction to interval work with pace clock. Learn practice etiquette. Introduction to competition. Have fun.

Admittance requirements: Legally swim all 4 strokes and properly execute turns. Perform streamlined dives from starting blocks.

Junior Group:

Ages: 9-12 (this is a guideline; the ages can vary to do ability)

Goals: Excel in technical ability, aerobic training, and competitive experience. Learn basics of race strategy. Have fun.

Admittance requirements: properly developed stroke technique, knowledge of team stroke drills, developed kick strength, ability to read pace clock.

Pre Senior Group:

Ages: 11-14 (this is a guideline; the ages can vary to do ability)

Goals: Refine stroke to the benefit of the swimmers body type. Train to excel in competition. Execute race strategy with the knowledge of the swimmers physiological strengths. Experience the feeling of improvement through hard work.

Admittance requirements: Desire to compete, race experience, intermediate aerobic conditioning.

Senior Group:

Ages: 13 and above (this is a guideline, the ages can vary to do ability)

Goals: Train the different energy systems of the body to enhance strengths and improve weaknesses. Identify primary and secondary events. Become well rounded competitive athletes.

Admittance requirements: Desire to excel in the sport of swimming. Ability to complete the following test sets: (times in SCM) 20 x 100 free on 1:30, 20 x 100 I.M on 2:00 and 20 x 100 flutter kick on 2:20

If your swimmer is unable to complete the above requirement during the try-out, your checks and packet will be returned to you. Your swimmer(s) are welcome to try out again after lessons from another program.

Fundraising Requirements

All families must work at our fireworks stand each year. The proceeds from this stand offset the cost of our monthly dues. Without the fireworks stand our dues would go up 30%-40%. If you are going to be out of town or not on the swim team during the time of the fireworks stand, please contact a board member. It will be the responsibility of the family to contact the board before the month of June to make other arrangements. If the family does not contact the board and simply does not work at the stand, there is a \$15 a month fee increase for each shift missed.

History

CRA has been providing a positive experience for swimmers of all ages for over 20 years. We have a team of trained coaches working with Head Coach, Matt Casto, to help each swimmer reach his or her full potential. We swim at the Cosumnes River College pool, an 8-lane, 25-meter by 25-yard facility. We are a year-round, competitive league in the Sierra Nevada Local Swim Club (LSC) of USA Swimming. This means that each swimmer and family has access to a wide range of resources from both a local team and a national swimming organization.

Philosophy

At CRA we believe that the sport of swimming should be both physically challenging and fun.

There are two elements involved in the physical mastery of swimming: technique and conditioning. In our program we seek to provide both of these elements in the proper balance for each individual. While some swimmers will improve more with technical instruction, others will excel through hard work. Our coaches tailor their instruction based on individual levels of technical mastery and physical conditioning and seek to improve both.

We also know that honing skills and improving conditioning are very hard work. So at CRA we strive to have fun, both in the carefree sense and in regards to achieving goals. This is accomplished through annual activities like a camp-out meet and through regular practice work like creative drills and training games.

We hope this approach will provide each individual with a fun and rewarding experience!

CODE of ETHICS (family copy)

CRA has been dedicated to promoting swimming in the Sacramento area for over 20 years. The success of the team is not measured only by wins and losses, but more importantly, by the personal growth of each swimmer and the enjoyment provided for the entire family. The Team strives to provide an environment in which each swimmer can improve his/her performance and learn the importance of good sportsmanship. CRA also demands a sports environment that is free from drugs, tobacco, and alcohol and their use at sporting events. To help achieve these goals, we ask that you and your swimmers understand and agree to the following Code of Ethics.

Swimmers – I will:

- Treat the Coaches and their assistants with respect and follow their directions.
- Treat swim meet workers and officials with respect.
- Treat other team swimmers and families with respect, regardless of race, sex, creed or ability.
- Treat the pool facilities with care and respect.
- Treat competitors with respect and congratulate them after each race, win or lose.
- Strive to always give your best, whether at practices or swim meets.

Parents – I will:

- Encourage good sportsmanship by demonstrating positive support for all swimmers, coaches, Board members, and officials during practices and swim meets.
- Place the emotional and physical well being of my child ahead of my personal desire to win.
- forgive individual actions by coaches with which I/we don't completely agree, while focusing on the overall objective of working to help my child(ren) grow up to be stronger, more self-confident and better adjusted.
- Remember that the sport is for the youth, not the adults.
- Encourage my child to treat other swimmers, coaches, and families with respect regardless of race, sex, creed or ability and set an example by doing so myself.
- Encourage my child to routinely attend practices and, if possible, attend swim meets. Bring my concerns to the coaches or board members directly, in a spirit of fundamental mutual interest, and refrain from fruitless discussions of such concerns with third parties.

Coaches – I will:

- Make the best interests of the children in the program the priority in my heart and mind. Maintain the delicate state of balance between what is best for the individual (the swimmer) and the needs of the group (the team).
- Communicate honestly, openly, and in a mature manner and to be approachable and receptive to parents' and swimmers' reasonable concerns.
- Acknowledge my frailties, imperfections, and my humanity, and within those constraints, pledge to strive to be consistent and fair in my dealings with team members and to treat each swimmer according to his/her needs.

Swimmer(s)' Initials: (1) _____ (2) _____ (3) _____ (4) _____

Parents'/Guardians' Initials: (1) _____ (2) _____ Coach's Initials: _____

FILL OUT THE FOLLOWING PAGES AND
TURN THEM IN WITH A CHECK MADE
PAYABLE TO CRA.

IF YOU HAVE ANY QUESTIONS OR FOR
THE CHECK AMOUNT PLEASE CONTACT:

Donna Eastman
registrar@craswimming.com

Cosumnes River Aquatics Dues Structure

Seniors and Pre-Seniors	\$95 a month
Varsity	\$50 a month*
Juniors	\$80 a month
Pre-Juniors	\$75 a month
Super Gators	\$70 a month
Gators	\$70 a month

Each additional sibling will receive a \$10 discount. No discount given for Varsity Swimmer Rate.

*Varsity Swimmer must be on a high school swim team or polo team and can only swim a maximum of 3 days a week at CRA to be eligible for the discounted rate.

US Swim Registration Yearly Fee 2009/2010 \$68/year (\$70.50 on-line)*
 (January 1 to December 31) (new members Sept. 1, 2009 to Dec. 31, 2010)

Seasonal US swim Registration Fee 2009/2010 \$42/year (\$44.50 on-line)*
 (Season I Sept. 1, 2010 to Jan. 29, 2010)
 (Season II May 3, 2010 to Sept. 30, 2010)

Parking Permits \$30 /Semester (3 times per year Fall, Spring, Summer)*

Current swimmers with CRA (year round and returning seasonal swimmers) also need to fulfill a fundraising requirement of working 2 shifts at our CRA fireworks booth. Each family is responsible for working 2 shifts and the person working at the fireworks booth must be 18 years of older. If a family does not fulfill their fundraising obligation, their dues on their first swimmer will be increased by \$15/month for every shift that they did not work – (\$15 more per month if you only work 1 shift and \$30 more per month if you do not work any shifts).

PARENT INITIALS: _____

Swimmers will be charged for a full month, whether the swimmer(s) is in the water for one day or the entire month, unless prior arrangements have been made with a board member. Annual swimmers have the option to pay for a ½ month 2 months a year. Seasonal swimmers (Sept-Jan swimmers) are not eligible of a half month rate. A half-month is defined as the 1st through the 15th or the 16th through the end of the month. No other combination of weeks will be considered.

If you plan to take a leave of absence or to stop swimming, please inform your swimmer's coach, and also the CRA Registrar at registrar@craswimming.com, or the CRA Treasurer, at treasurer@craswimming.com. Payments are due on the 1st of the month. After the 5th of each month, a \$10 late fee will be assessed for **each** swimmer. If there is no payment by the 5th of the month, the swimmer(s) will not be allowed to swim until the dues are paid. Please notate the following on each month's check: swimmer's name(s) and what the payment is for (e.g. dues, SNS registration, parking permit, etc.)

Payments should be dropped off at the CRC pool and put in the blue, lock-box inside the equipment room or you can mail them to PO BOX 580495 Elk Grove, CA 95758. Please DO NOT give payments to coaches unless specifically asked to do so by the Registrar or Treasurer.

I have received a copy of the CRA dues Structure.

Swimmer(s)' Name(s) _____

Parent /Guardian Signature _____ Date _____

Family Information (Please print)

Part 1 of 3

Swimmer(s)' Name(s)

Birth Dates

Parent/Guardian Names

Mailing Address

City Zip

Billing Address (if different)

City Zip

Home Phone

Cell Phone (optional)

Primary E-mail Address (for team communications only)

Swimmer's E-mail Address(es)

Father's Occupation

Mother's Occupation

Father's Employer

Mother's Employer

Father's Work Phone

Mother's Work Phone

Father's Work E-mail

Mother's Work E-mail

Family Information (cont.)

Part 2 of 3

Previous board member of a swim team:	Yes / No	Position:
Previous stroke and turn judge experience:	Yes / No	Recreational Trained or USS Trained
What special talents/skills do you have that might benefit the team?		
In what capacity would you be interested in volunteering? Please select at least TWO areas from below.		
Board Member	Firework stand	Hospitality Fund Raising Swimmer Recruitment

Part 3 of 3

Swimmer	Age	Previous Rec. or USS Team	Previous USS #	# of Years in Swimming

How did you hear about the CRA? _____

It is ok to put my family's names, phone, email and address in the team roster: YES or NO

Please do not put the following information in the roster: _____

CODE of ETHICS (Complete all applicable signatures on the signature page and turn in.)

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CODE of ETHICS (Signature Page)

We have read and understand the CRA Code of Ethics and pledge to honor it throughout the year. We understand that if we violate this Code, it may be grounds for suspension or expulsion from the Team.

Swimmers

Signature _____ Date _____

Signature _____ Date _____

Signature _____ Date _____

Signature _____ Date _____

Parents/Guardians

Signature _____ Date _____

Signature _____ Date _____

Coaches

Signature _____ Date _____

Signature _____ Date _____

Signature _____ Date _____

Emergency/Health Form

Please fill out one per swimmer. Please print **legibly**. We will need this form in case of an emergency.

Swimmer's Name: _____ Date of Birth: _____
(Last) (First)
Name of Parent(s)/Guardian(s) living with child: _____
Address: _____ City: _____ Zip: _____
Parents' E-mail Address(es): _____
Emergency Contacts: _____ Phone: _____

Please indicate action desired in the event of an Emergency

Please "X" the number choice you would prefer.

- ___1. In the event of an accident or other emergency, when a parent/guardian is unavailable, I hereby authorize a representative of CRA to make such arrangements as he/she considers necessary for my child to receive medical or hospital care, including necessary transportation. Under such circumstances, I further authorize the physician below to undertake such care and treatment of my child as he/she considers necessary. In the event said physician is not available at the time, I authorize such care and treatment to be performed by any licensed physician or surgeon.

Physician's Name: _____ Phone #: _____
Insurance Carrier: _____ Policy/Kaiser #: _____

The undersigned hereby agree(s) to bear all costs incurred as a result of the foregoing desired action.

X _____ X _____
(Mother's/Guardian's Signature) (Father's/Guardian's Signature)

- ___2. In the absence of a parent/guardian, call: Name: _____ Phone #: _____

- ___3. I do not choose any of the above and desire the following action: _____

I HEREBY ABSOLVE AND HOLD HARMLESS COSUMNES RIVER AQUATICS, ITS COACHES, BOARD MEMBERS AND PARENT VOLUNTEERS FROM ANY CLAIM FROM DAMAGES WHICH MAY ARISE AS A RESULT OF PARTICIPATION IN SWIM TEAM ACTIVITIES. FURTHERMORE, I HEREBY AUTHORIZE THE ABOVE NAMED PERSONS TO ACT IN THEIR BEST JUDGEMENT, IN AN EMERGENCY, SHOULD EFFORTS TO REACH ME OR THE ABOVE EMERGENCY CONTACTS FAIL.

Name: _____ Date: _____
(Signature) (Print Name)

History

___ Please, check if there are no known health problems.
___ Please, check if there is a history of any of the following:
___ Frequent colds ___ Frequent sore throats ___ Sinusitis ___ Bronchitis
___ Abscessed Ears ___ Asthma ___ Stomach upsets ___ Fainting Spells
___ Diabetes ___ Convulsions ___ Hyperactivity ___ Epilepsy
___ Allergies (list): _____
___ Drug reactions (i.e. Penicillin): _____
___ Other diseases: _____
___ Medications: _____
___ Other Comments: _____

