

# Cochrane Comets Registration Package 2010 - 2011

**We have two different registration packages.**

**This one is for the **Competitive Swimmer****

Returning swimmers and their siblings **ONLY**, must be registered by August 1, 2010. No late registrations will be accepted. Returning swimmers should drop their registrations off at the pool.

All New Registration Packages must be completed in full with all cheques or credit card information dropped off at Registration Night. Those returning swimmers who have not registered by August 1, 2010 but still wish to swim with the Comets must drop off their fully completed registrations at our registration night. (**note: any credit card info must be updated**)

September 8<sup>th</sup>, 2010

@

Spray Lakes Recreation Centre

6:30 – 7:30 pm

**Cochrane Comets**

**[www.cochranecomets.ca](http://www.cochranecomets.ca)**

# Cochrane Comets Winter Swim Club

## 2010– 2011 Season

### Competitive Program

Designed for swimmers 5 to 18 years of age

Runs for 8 to 11 months depending on each swimmers ability

4 to 5 practice times per week which includes swimming and dryland training

*Start Date is Monday, September 20, 2010*

The fee is \$1000.00 per year per swimmer and includes registration and a club swim cap

There are 3 mandatory fundraisers per year, a casino, a fundraiser to be determined and a swim-a-thon

Meet fees are collected as required and run approximately \$45.00 per meet

**A Comets club swimsuit is required for competition**

### Developmental Program

This is a non-competitive program

Designed for swimmers 5 to 12 years of age

Swimmer must have passed Red Cross Level 4

Swimmer must be able to swim a full length of the pool unassisted and without stopping

Three sessions per year

Runs for 8 Weeks

2 practice times per week (*Tuesdays & Thursdays*)

*Session 1 – October 5 – November 25, 2010*

*Session 2 – January 4 – February 24, 2011*

*Session 3 – March 8 – April 28, 2011*

The fee is \$250.00 per swimmer per session, includes registration and a club swim cap

There is 1 mandatory fundraiser per year, Swim-a-thon

Transfer to the competitive program is encouraged on completion of this program

### Refund Policy

Parents are required to give a 30 day written notice of a swimmers withdrawal

Notices will only be accepted until December 1, 2010

Pro-rated refunds will only be granted until December 30, 2010

### Comet Cash

Safeway and IGA gift certificates are available through the club

By purchasing these you may earn up to 5% of your total in Comet Cash

ie: \$100.00 cash will buy you \$100.00 in gift certificates and \$5.00 in Comet Cash

Comet Cash may be used to purchase club merchandise, or pay meet fees

# **Cochrane Comets Winter Swim Club 2010– 2011 Practice Times**

## **Black Squad**

Coach – Randi Willisko  
Monday and Wednesday 5:30 – 7:30 p.m.  
Tuesday, Thursday and Friday 6:00 – 7:30 a.m.

## **Gold Squad**

Coach – Randi Willisko  
Monday and Wednesday 5:30 – 7:30 p.m.  
Tuesday and Thursday 6:00 – 7:30 a.m.

## **Blue Squad**

Coach – TBA  
Monday and Wednesday 5:30 – 6:30 p.m.  
Tuesday and Thursday 6:00 – 7:30 a.m.

## **Developmental Squad**

Coach – TBA  
Tuesday and Thursday 3:45 – 4:45 p.m.

**The Comets reserve the right to cancel the developmental squad if there are an inadequate number of swimmers enrolled to run the session.**

All swimmers are expected to be on deck 15 minutes before practice starts. This will allow you to do a proper stretch and ensure that practice starts on time. As well, all swimmers are expected to stretch for a minimum of 15 minutes at the end of each practice to help reduce muscle fatigue and injuries. Be prepared for each practice with swimsuit, goggles, cap and water.

**Cochrane Comets Winter Swim Club  
2010– 2011 Season  
Payment Schedule**

Family Name : \_\_\_\_\_

Swimmer : \_\_\_\_\_

Mailing Address : \_\_\_\_\_

Postal Code : \_\_\_\_\_ Phone : \_\_\_\_\_

E-Mail : \_\_\_\_\_

Payment Options:      1 cheque or credit card payment - \$1000.00  
(choose one)            September 8, 2010 cheque # \_\_\_\_\_

                                 2 cheques or credit card payments - \$500.00  
                                 September 8, 2010 cheque # \_\_\_\_\_  
                                 October 8, 2010 cheque # \_\_\_\_\_

                                 4 cheques or credit card payments - \$250.00  
                                 September 8, 2010 cheque # \_\_\_\_\_  
                                 October 8, 2010 cheque # \_\_\_\_\_  
                                 November 8, 2010 cheque # \_\_\_\_\_  
                                 December 8, 2010 cheque # \_\_\_\_\_

Type of Credit Card: Visa    Mastercard    American Express (circle one)

Card Number: \_\_\_\_\_

Expiry Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**PLEASE CIRCLE YOUR PAYMENT OPTION AND ENTER CHEQUE  
NUMBERS OR CREDIT CARD INFORMATION.**

**Swimmers will be unable to attend until all cheques and forms are received**

**There is a \$25.00 charge per NSF cheque**

**All NSF cheques must be cleared by cash or certified cheque within 14 days of  
notification by the club. After this period if the outstanding debt is not cleared the  
affected swimmer will not be able to attend club practices, swim meets or club  
functions.**

Sign: \_\_\_\_\_ Date: \_\_\_\_\_

**Cochrane Comets Winter Swim Club  
2010– 2011 Season  
Fundraising**

A Fundraising cheque of \$500 is required to cover the various fundraising events that occur throughout the swim season. (fundraiser & swim-a thon)

Fundraising Cheque is due September 8, 2010 \_\_\_\_\_cheque#

**Fundraising must be paid by cheque. Credit card is not an option for payment.**

A Casino cheque of \$200 is also required (separate cheque, please)

Casino Cheque is due December 1<sup>st</sup>, 2010 \_\_\_\_\_cheque#

**Officiating Policy**

Club policy for officiating states that each family is **required** to officiate for 1 shift at each swim meet your swimmer attends.

If you cannot work your shift you must find a replacement.

An officiating clinic is offered to the Cochrane Comets each fall and attendance is mandatory for those who have not yet been carded.

Sign: \_\_\_\_\_ Date: \_\_\_\_\_

**Refund Policy**

Parents are required to give a 30 day written notice of a swimmers withdrawal

Notices will only be accepted until December 1, 2010

Pro-rated refunds will only be granted until December 30, 2010

I have read and understand the refund policy.

Sign: \_\_\_\_\_ Date: \_\_\_\_\_

**Cochrane Comets Winter Swim Club**  
**Personal Health Form**  
2010 -2011

Swimmers Name: \_\_\_\_\_

Address: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Height \_\_\_\_\_ Weight: \_\_\_\_\_

Mother's name: \_\_\_\_\_ Phone: (h) \_\_\_\_\_ (w) \_\_\_\_\_

Cell: \_\_\_\_\_

Address: \_\_\_\_\_  
(if different than swimmer)

Father's name: \_\_\_\_\_ Phone: (h) \_\_\_\_\_ (w) \_\_\_\_\_

Cell: \_\_\_\_\_

Address: \_\_\_\_\_  
(if different than swimmer)

Emergency  
Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Alberta Health Care  
Number: \_\_\_\_\_

Family  
Doctor: \_\_\_\_\_

Does the participant currently suffer from any of the following:

ARTHRITIS: \_\_\_\_\_ CONVULSIONS: \_\_\_\_\_ MOTION  
SICKNESS: \_\_\_\_\_ HEADACHES \_\_\_\_\_  
RESPIRATORY AILMENTS: \_\_\_\_\_ SLEEPWALKING: \_\_\_\_\_ NIGHTMARES: \_\_\_\_\_ EAR  
TROUBLE: \_\_\_\_\_  
OTHER: \_\_\_\_\_  
\_\_\_\_\_

Please give details of medication or treatment required for above:  
\_\_\_\_\_



Does the participant suffer from any physical or emotional disorder that may prevent them from fully participating in this program?

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Does the participant have any special instructions regarding health or diet ?

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List all allergies & usual treatment:

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Date of last tetanus shot?

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Does the participant wear corrective lenses?

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PLEASE NOTIFY THE REGISTRAR REGARDING ANY CHANGES TO THE ABOVE INFORMATION

*I hereby authorize the Chaperone in charge to secure such medical advice or services that may be deemed necessary for the health or safety of the participant. I agree to accept financial responsibility in excess of the benefit allowed by Alberta Health Care.*

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

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WITNESSED \_\_\_\_\_



