

**LINDSBORG PARKS &  
RECREATION DEPARTMENT  
2016 LINDSBORG SWIM CLUB**

Name of Participant \_\_\_\_\_

School \_\_\_\_\_ Age \_\_\_\_\_  
(as of 6-1-16)

Male \_\_\_ Female \_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Email \_\_\_\_\_

Legal Guardian/  
Parent #1 \_\_\_\_\_ Wk # \_\_\_\_\_

Legal Guardian/  
Parent #2 \_\_\_\_\_ Wk # \_\_\_\_\_

**Emergency Contact: Please list someone *other than* Parent or Legal Guardian**

Name \_\_\_\_\_

Phone(H) \_\_\_\_\_ Phone(W) \_\_\_\_\_

Relationship to Part. \_\_\_\_\_

**WAIVER RELEASE STATEMENT:** **\*\*This must be signed before a child may participate.** As a parent or legal guardian of a participant of this program, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of my child's injuries, including loss of life, damages or loss which he/she may sustain as a result of participation in any and all activities connected with or associated with such program. I further agree to, on behalf of my child, waive and relinquish all claims, full release and discharge and agree to indemnify and hold harmless and defend the City of Lindsborg and its officers, agents, servants, and employees including coaches, umpires, and referees from any and all claims resulting from injuries, including loss of life, damages, and losses sustained by my child arising out of, connected with, or in any way associated with the activities of the program.

I, the Parent/Legal Guardian of the above named participant have read and understand the Waiver Release Statement. I agree to abide by all policies and guidelines set forth by the City of Lindsborg regarding this program.

List any medical conditions, if any \_\_\_\_\_

Signature of Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

# LINDSBORG PARKS & RECREATION 2016 LINDSBORG SWIM CLUB

## *“Lindsborg WaveMakers”*

This program is for males and females, age 5-18, as of June 1, 2016. Participants will swim with their own age groups for competition.



**REGISTRATION INFORMATION:** Return this form to City Hall along with the registration fee. **Registration Fee - \$25.00 per child. NOTE: An additional \$5 fee will be added for those not residing within the City limits. Registration deadline is Friday, May 20th at 5:00 p.m. Late registrations accepted through: Friday, May 27th, \$5.00 per child late fee. After May 27th, entries will be placed on a waiting list and accepted only if there is room on the team.** Requests for fee waivers may be made by attaching a statement of need to the registration. No one will be denied the opportunity to swim due to inability to pay the entry fee. A \$5.00 processing fee will be taken out when a participant drops the program once caps are ordered. **NO REFUNDS AFTER THE FIRST SWIM MEET.**

## NATIONAL STANDARDS FOR YOUTH SPORTS

**#1 PROPER SPORTS ENVIRONMENT**-Parents must consider and carefully choose the proper sports environment for their child, including the appropriate age and development for participation, the type of sport, the rules of the sport, the age range of the participants, and the proper level of physical and emotional stress.

**#2 PROGRAMS BASED ON THE WELL-BEING OF CHILDREN**-Parents must select youth sports programs that are developed and organized to enhance the emotional, physical, social and educational well-being of children.

**#3 DRUGS, TOBACCO & ALCOHOL-FREE ENVIRONMENT**-Parents must encourage a drug, tobacco and alcohol-free environment for their children.

**#4 PART OF A CHILD'S LIFE**-Parents must recognize that youth sports are only a part of a child's life.

**#5 TRAINING**-Parents must insist that coaches are trained and certified.

**#6 PARENTS ACTIVE ROLE**-Parents must make a serious effort to take an active role in the youth sports experience of their child providing positive support as a spectator, coach, league administrator and/or caring parent.

**#7 POSITIVE ROLE MODELS**-Parents must provide positive role models, exhibiting sportsmanlike behavior at games, practices, & home, while also giving positive reinforcement to their child & support to their child's coaches.

**#8 PARENTAL COMMITMENT**- Parents must demonstrate their commitment to their child's youth sports experience by annually signing the Parents' Code of Ethics Pledge.

**#9 SAFE PLAYING SITUATION**- Parents must insist on safe playing facilities, healthful playing situations, and proper first aid applications, should the need arise.

**#10 EQUAL PLAY OPPORTUNITY**- Parents, coaches, and league administrators must provide equal sports play opportunity for all youth regardless of race, creed, sex, economic status or ability.

**#11 DRUG, TOBACCO & ALCOHOL-FREE ADULTS**- Parents must be drug, tobacco and alcohol-free at youth league sporting events.

**LEAGUE INFORMATION:** Lindsborg is part of the Mid-Kansas Swim League. Practices begin May 31st at the Lindsborg Swimming Pool. Practices will take place in the morning as determined by the director, divided by age groups if there are enough swimmers. Swim meets are on Saturdays beginning in June. Volunteers are needed at the local swim meets and additional help is welcome. **MEETING FOR PARENTS AND SWIMMERS: Monday, May 2, 2016, 6:00 p.m. at Soderstrom Elementary, 227 N. Washington.** This meeting is mandatory for at least one parent/guardian. We will discuss league rules as well as parent & swimmer responsibilities.

### SWIM MEET VOLUNTEER:

The WaveMakers rely on parents to help with the home swim meets. Please sign up to help with the following meets in Lindsborg. (please circle one or both)

Name (s)

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JUNE 11TH

JULY 2ND

**EQUIPMENT:** The Parks and Recreation Department will provide a cap for each swimmer and lifeguards for swim practices & meets. Swimmers must wear appropriate swim attire & obey pool rules.

**Return this form with your fee by May 20, 2016 to:**

Lindsborg City Hall  
101 S. Main St., PO Box 70  
Lindsborg KS 67456  
Phone: (785) 227-3333  
Fax: (785) 227-4128

**THERE IS ALSO A DROP BOX BY THE FRONT DOOR  
OF CITY HALL - 101 S. MAIN**

**(PLEASE COMPLETE REVERSE SIDE)**

### FOR OFFICE USE ONLY

CASH \_\_\_\_\_ CHECK # \_\_\_\_\_ AMT. \_\_\_\_\_ DATE \_\_\_\_\_