

Welcome

to the

Devenger Dolphins Swim Team!

*** 32 Years Strong! ***

www.devengerplace.org/dolphins

Head Coach: Kevin Treu
ktreu@alum.allegheny.edu

Assistant Coaches: Mary Lewis
Alex Vallance
Sherie Wilson

*Please turn in the following forms prior to **Sunday, May 1st:***

1. Swim Team Registration Form & Payment
**Note: A \$10.00 per swimmer Late Fee (max. \$25 per family) will be accessed after May 1st, 2011.
Fee waived for new swimmers.**
2. SAIL Waiver & Release of Liability Form
3. Copy of Swimmer's Birth Certificate
4. Intent to Swim Form
5. Volunteer Form

How are Swim Team Fees used?

Divisionals, Ribbons & Trophies, Friday Donuts, End-of-Year Swimmers' Gifts, Coaches Salaries, Insurance, & misc. operating expenses.

Questions? Please ask one of the Swim Team Board Members:

Kathy Nelson	President	292-3199	nurse_nelson@hotmail.com
Marco DeMaria	Vice-President	292-6765	mad4jen@msn.com
Bev McCord	Secretary	254-0707	mbeverly310@aol.com
Jan Geyer	Treasurer	297-0130	geyer312@gmail.com
Kathy Kramer	SAIL Rep	630-1699	kathyhotzkramer@gmail.com
Kim Davis	SAIL Rep	230-1321	kimdavis@charter.net
Lori Mooney-Smith	SAIL Rep	322- 8087	lorimooneysmith@gmail.com

Family Last Name

DEVENGER SWIM TEAM REGISTRATION AND MEDICAL RELEASE FORM

<u>SWIMMER'S NAME</u>	<u>M/F</u>	<u>BIRTHDAY</u>	<u>AGE AS OF MAY 31</u>	<u>GUPPY OR DOLPHIN</u>	<u>BIRTH CERTIFICATE ON FILE</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Address (include city and zip): _____

Home Phone # _____

E-mail addresses to receive swim team announcements (including swimmers):

Father's name & work or cell # _____

E-mail #1: _____ Name: _____

Mother's name & work or cell # _____

E-mail #2: _____ Name: _____

Medical Insurance _____ policy # _____

I do hereby grant the bearer of this letter my permission and consent to render medical treatment for my swimmer(s). This authorization includes the power to consent to, and approve of emergency medical treatment by a physician, hospital, or emergency care unit for such operations or procedures as are considered necessary or appropriate in the judgment of the medical staff of facility rendering the treatment. In addition, I understand that all expenses incurred in administering such treatment will be assumed and borne by me and are not the responsibility of SAIL or my child's team or club.

I also understand that no claim may be against SAIL or its insurance carriers until all claims have been made and answered by all other Insurance carriers on my swimmer.

For further information, please contact Lori Mooney-Smith (322-8087)/Kim Davis (230-1321)/Kathy Nelson (292-3199) or e-mail to lorimooneysmith@gmail.com or kimdavis@charter.net

All forms and payment of fees must be received by May 1st to avoid late payment fee.
The fee is \$80 for each swimmer. Please make check payable to Devenger Swim Team.

Parent/Guardian name printed

Parent/Guardian name signed

Date

Article XII, section 8 of SAIL bylaws: An individual's eligibility to compete in SAIL meets is based upon the individual's family membership in their community pool. For an individual to participate his/her family must have purchased a regular family membership prior to competing in any team activities.

Please bring this form and payment to the swim team sign-up meeting on either Sunday, March 27 at 2 p.m. or Sunday, April 10 at 2 p.m. at the pool. Form and payment may also be hand-delivered to Lori Mooney- Smith, Kim Davis or Kathy Nelson.



SAIL Waiver and Release of Liability

WRL2006

In consideration of the work SAIL has done and will do to organize swim meets, and of the minor participant(s) listed below being allowed to participate in SAIL swim meets and related events and activities, the undersigned:

1. Agree that the parent(s) and/or legal guardian(s) of the participant have the ability to inspect the facilities and equipment to be used at SAIL swim meets and related events and activities, and if the parent or guardian believes anything is unsafe, he or she should immediately advise supervisor (referee, lifeguard, etc.) of such condition(s) and refuse to allow participant to participate.
2. Acknowledge and fully understand that each participant will be engaging in SAIL swim meets and related events and activities, which involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result not only from his/her own actions, inactions, or negligence but the action, inaction or negligence of others, or the condition of the premises or of any equipment used. Further, we understand there may be other risk not known to us or not reasonably foreseeable at this time.
3. Assume (for themselves and for the participant) all the foregoing risks and accept personal responsibility for the damages caused by such injury, permanent disability or death.
4. Release, waive and discharge SAIL and its Executive Board of Directors, its affiliated teams, their representatives, coaches, other members/participants, sponsoring agencies, sponsors and advertisers, all of which are hereinafter referred to as "Releasees" from any and all claims, demands, losses or damage to each of the undersigned (who sign for themselves and also on behalf of the minor participant, his or her heirs and next of kin) on account of injury including permanent disability and death, resulting from causes as described in paragraph #2 above, which causes may include, but are not limited to the negligence of the Releasees.

I HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT I HAVE GIVEN UP MY AND THE PARTICIPANT'S SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT VOLUNTARILY.

Member/Participant Names

Name of Member/Participant	Name of Member/Participant
Name of Member/Participant	Name of Member/Participant
Name of Member/Participant	Name of Member/Participant

Parent/Guardian Information

Home Address (with city and zip)		
Home Phone	Work phone	Cell phone
Parent/Guardian Name		Parent/Guardian Relationship
Signature		Date



SAIL INTENT TO SWIM 2011

Swimmers must declare their intent to swim in Championships and Classics **IN ADVANCE** of their Divisional swim meet in accordance with SAIL policy. No change can be made after the start of the divisional meet.

\$25 fine per event

Failure to properly declare intentions will result in a penalty to the swimmers, their family and/or their team. Should a swimmer scratch from Championship/Classics after the start of the Divisional meet, a \$25 fine per event will be imposed.

Family (last name)

Family Address (street, city)

DEV
SAIL Team Abbreviation

Devenger
Individual Team

Name of Swimmer	Divisionals July 8/9	Championships July 16	Classics July 17	confirmed
_____	Yes No	Yes No	Yes No	_____
_____	Yes No	Yes No	Yes No	_____
_____	Yes No	Yes No	Yes No	_____
_____	Yes No	Yes No	Yes No	_____
_____	Yes No	Yes No	Yes No	_____
_____	Yes No	Yes No	Yes No	_____

Parent Signature

Phone

Date

Family Name _____

DEVENGER SWIM TEAM PARENT VOLUNTEER FORM 2011

1. Each family is required to have at least one volunteer at each meet in which your children participate. This applies to any parent of a Dolphin. Guppies have their own meets/volunteer opportunities.
2. **If you can not work during your scheduled time slot, it is YOUR responsibility to find someone to work in your place AND to notify Lori-Mooney Smith and Kim Davis as soon as possible.**
3. Choose any position that you are willing to volunteer for during the swim season. Please make note that some positions require SAIL training. Position descriptions are on the back of this form.
4. The meets are broken out into two shifts 5:30-7:00 and 7:00-End of the Meet. The starter will call for second half officials half way through the meet.

Mother's name _____ Home Phone _____ Work/Cell Phone _____

E-mail: _____ *We will be corresponding via e-mail

Shift available to work (check all that apply): ___ 5:30-7:00 ___ 7:00-8:30

Circle dates you will NOT be able to work: 6/2 (Home) 6/9 (Away) 6/16 (Home) 6/23 (Away) 6/30 (Home)

Indicate mother's preferences below with numbers in the appropriate boxes ("1" for most preferred, etc.)

Stroke and Turn*		Ribbon Writer	
Starter*		Computer helper	
Referee*		Concessions	
Head Clerk of Course*		Bullpen(hands out the cards to swimmers)	
Clerk of Course helper		Runner	
Timer		Set up for home meet (2 p.m.)	

* SAIL clinics are required for these volunteer positions

Father's name _____ Home Phone _____ Work/Cell Phone _____

E-mail: _____ *We will be corresponding via e-mail

Shift available to work (check all that apply): ___ 5:30-7:00 ___ 7:00-8:30

Circle dates you will NOT be able to work: 6/2 (Home) 6/9 (Away) 6/16 (Home) 6/24 (Away) 6/30 (Home)

Indicate father's preferences below with numbers in the appropriate boxes ("1" for most preferred, etc.)

Stroke and Turn*		Ribbon Writer	
Starter*		Computer helper	
Referee*		Concessions	
Head Clerk of Course*		Bullpen(hands out the cards to swimmers)	
Clerk of Course helper		Runner	
Timer		Set up for home meet (2 p.m.)	

* SAIL clinics are required for these volunteer positions

Volunteer Opportunities

Needed for each meet:

Stroke and Turn: SAIL clinic training required--stands on the pool deck and guarantees correct stroke/turn/finish guidelines are followed. Training: See http://www.swimsail.org/officials/SAIL_Education_Schedule_2010.pdf

Starter: SAIL clinic training required--announces the heats and works at the starter stand. Training See http://www.swimsail.org/officials/SAIL_Education_Schedule_2010.pdf

Referee: SAIL clinic training required--handles disqualifications and other issues that arise on the pool deck. Training: See http://www.swimsail.org/officials/SAIL_Education_Schedule_2010.pdf

Head Clerk of Course: SAIL clinic training required—gives swimmers their blue cards, combines heats if necessary, and seats swimmers for line-up. Training: See http://www.swimsail.org/officials/SAIL_Education_Schedule_2010.pdf

Head Timer: SAIL clinic training required—makes sure that all timers are ready for the next heat of swimmers, keeps a stop watch in case a timer misses the start. Training: See http://www.swimsail.org/officials/SAIL_Education_Schedule_2010.pdf

Clerk of Course helper: Assists Head Clerk of Course as needed moving swimmers to correct positions, taking younger swimmers to other side of pool for relays

Bullpen: Stationed under the tent with the swimmers. Uses Heat Sheets to call swimmers for their events and send them to Clerk of Course.

Timer: Uses stop watches to time the swimmers (three per lane) and records the times on the blue cards.

Runner: Collects time-recorded blue cards after each heat and takes them to the records area for computer data entry.

Ribbons/ Records: Determines correct time from the blue cards and gives to the computer operators for entry, places labels on ribbons for individual swimmers. SAIL Records/Ribbons training available according to the education schedule.

Computer helper: Assists Team Computer Operator by calling out times, helping with data entry of times, and assisting in printing labels for ribbons

Concessions: **Home meets only**—helps with serving and/or cooking food for concessions, collecting money for food and drink items, set up and/or clean up may be required

Meet set-up: **Home meets only**--available the day of meet at 2:00 PM to set up pool deck for the upcoming meet. Involves moving lounge chairs off the pool deck, setting up chairs behind the blocks, moving the benches for clerk of course, setting up starter stand, setting up tents for teams and clerk of course area, and various other tasks to make sure that our pool is ready for the meet.

You may also be asked to help with team socials, set-up for End-of-Year Banquet/Pasta Pump-Up (pasta dinner before Divisionals), or assist with various fundraisers for the team

Devenger Swim Suit Order Form 2011

Black Speedo Polyester Suit w/monogrammed Devenger Logo

Swimmer name(s) _____

Female Suit Sizes: 22-40 / \$52.00

Quantity: _____

Size(s): _____ Amount due: \$ _____

Male Suit Sizes: 22-38 / \$35.00

Quantity: _____

Size(s): _____ Amount due: \$ _____

Personalized Silicone Swim Cap (must order 2) / \$12.50 each

Quantity (circle one): 2 - 4 - 6 Amount due: \$ _____

Last Name (imprinted on cap) _____

Total Amount Due: \$ _____



DEVENGER PLACE

2011 Pool Season - JOIN NOW!

- Brand new cabana with shaded pavilion
- Free Wi-Fi
- American Red Cross certified life guards
- New filters for better water clarity
- Social events

POOL MEMBERSHIP RATES before *May 1st

Family Membership

Devenger Place residents: \$300

Associate memberships: \$325

Single or Couple Membership

Devenger Place residents: \$225

Associate memberships: \$250

Payments after May 1st add \$30 late fee

*Partial payments will be accepted now through May 1st. Balance must be paid in full by May 1st or else \$30 late fee applies. Call Carey Yarem at 787-7799 for more information. Pool information is also available online at devengerplace.org/pool

JOIN THE
2011 DEVENGER DOLPHIN SWIM TEAM
or register for GUPPY beginner swimmer program

\$80 per swimmer

Checks made payable to Devenger Dolphins please
Ages 5-18 are welcome for Dolphins, Ages 4 and up for Guppies

Pool Membership is required

Sign-ups at Devenger Pool

Sunday, March 27th from 2pm - 4pm*

Sunday, April 10th from 2pm - 4pm*

*Please note that all Swim Team applications are due by no later than **Sunday May 1st**. Applications not accepted without payment. Applications after May 1st are subject to late fee. Call Kathy Nelson at 292-3199 for more information. Forms available at devengerplace.org/dolphins

Membership Type - Please check one

Devenger Place Residents:

- \$300 Family: Includes all family members in household
- \$225 Couple or Single: One or Two adults only, no children under 21

Associate Memberships (non-residents)

- \$325 Family: Includes all family members in household
- \$250 Couple or Single: One or Two adults only, no children under 21

Late Payment Fee

- \$30 After May 1st add \$30 Late Fee

2 complimentary guest passes included with each membership

\$_____ **Devenger Place Improvements Fund:** While we are very pleased with the new building there is still more to do. Please donate to help us purchase items for the pool.

\$_____ **Total Payment Enclosed**

Family Information (please print or type)

Household address (Include city, state, zip)	Phone number(s) and type (cell,home,etc)
Do you live in Devenger? YES NO If no please list neighborhood	
Adults in Household (First and Last name)	Email address (For pool news and updates)

Please list all Family members living at same address that will be using the pool. All children under 10 years must be accompanied by an adult at the pool.

Name (First and Last)	Relationship to adult listed above	Age as of 5/1/2011 or 'Adult' if 21+

Please make check* payable to Devenger Place Family Center and mail or drop in the mailbox at:

**Devenger Place Family Center
302 Paddock Drive
Greer, SC 29650**

* Check Policy. If your check is dishonored or returned for any reason, we will electronically debit your account for the amount of the check plus a processing fee of \$35.00.