

Welcome to Swim Orlando!!

Swim Orlando is a year-round swim team chartered by USA Swimming. We offer excellent developmental and elite training programs and we encourage swimmers of all ages and experience levels to join the team. Swim Orlando is under the direction of Coach Mel Nash, one of America's Top Stroke Technicians. A former World Class swimmer and Head Division I College Coach who has developed Olympians, Pan American Gold Medalists and National Champions, Coach Nash has formed Swim Orlando with the vision of creating a team that develops swimmers from the ground up with great strokes and complete mental and physical preparedness. Whether you come to us as a new swimmer, a high school swimmer, or from another sport, we invite you to join **Swim Orlando!** We train indoors at the YMCA Family and Aquatic Center on International Drive in Orlando, FL. **This is an indoor 50-meter by 25-yard pool with separate diving well.**

The initial cost to join the club is \$153.00, which includes:

- \$53.00 Annual USA Swimming registration fee – all swimmers must be registered (Copy of birth certificate or official birth record required for new swimmers)
- \$50.00 Escrow fund deposit per family for meet entries
- \$50.00 annual **family** dues - administration fees, team t-shirt and swim cap

In addition, please pay training fees for the first month as below.

Monthly swimming training fees and times:

\$60.00/month Yellow Group	M – F	5:30-6:15pm,	Ages 5 - 11
\$75.00/month Blue Group	M – F	5:30–7:00pm,	Ages 9 – 13
\$85.00/month Green Group	M – F	5:00–7: 00pm,	Ages 11 – 14
		Saturday 8:00am – 10:00am	
\$95.00/month Senior Group	Mon – Fri	3:45–6:00pm,	High School & Post Grad
		Saturday 8:00am – 10:00am	

- *Drylands and classes also scheduled at various times – bring gym shoes*
Current optional Dry Land: 3PM-345pm M-F; 10am – 1045am Saturday

(Families with multiple swimmers receive a discount off these monthly fees of 10% for the second swimmer, and the third swimmer is free. Please consult our coaching staff to determine the best practice group for your swimmer.)

Please make checks payable to **Swim Orlando**. You may return your registration packet and check to Coach Carol Nash at the pool, give it to the front desk at the Y, or send it in the mail. Subsequent payments are due on the 1st day of the month.

All Swim Orlando swimmers are members of the YMCA. If you are not a Y member please go to the front desk to ask about membership rates and to sign up. Your Y membership gives you full access to ALL 24 YMCAs in Central Florida. It is a great value!

Thank you for your interest in Swim Orlando. If you have additional questions, please contact Carol or Mel Nash: Phone: 407-455-2585 / E-mail: SwimOrlando@gmail.com
Mail: Swim Orlando, PO Box 691385, Orlando, FL 32819

SwimOrlando.com

SWIM ORLANDO!

SWIMMER REGISTRATION FORM (PLEASE COMPLETE ONE FORM FOR EACH FAMILY)

Swimmer #1: _____
Last Name, First Name, Middle Initial

Birth Date: _____ Age: _____ Sex: _____ T-shirt Size: _____

Start Date with Swim Orlando: _____

USA Swimming Number if already a member: _____

Swimmer Cell phone, if any: _____

Swimmer Email: _____

Have you been on a swim team before? _____ If so, how long and what team/teams?

Parents' Names: _____

Address: _____

Street City State Zip

Home Phone: _____

Dad Office Phone: _____ Dad Cell: _____

Dad Email: _____

Mom Office Phone: _____ Mom Cell: _____

Mom's Daytime Phone: _____ Dad's Daytime Phone: _____

Mom Email: _____

Which e-mail addresses would you like to use for Team announcements and information?

Responsible party for billing purposes: Name: _____

Cell phone: _____ Other phone: _____

Address: _____

Street City State Zip

How did you hear about Swim Orlando? _____

Swimmer #2: _____
Last Name, First Name, Middle Initial

Birth Date: _____ Age: _____ Sex: _____ T-shirt Size: _____

Start Date with Swim Orlando: _____

USA Swimming Number if already a member: _____

Have you been on a swim team before? _____ If so, how long and what team/teams?

Swimmer Cell phone, if any: _____

Swimmer Email: _____

Swimmer #3: _____
Last Name, First Name, Middle Initial

Birth Date: _____ Age: _____ Sex: _____ T-shirt Size: _____

Start Date with Swim Orlando: _____

USA Swimming Number if already a member: _____

Have you been on a swim team before? _____ If so, how long and what team/teams?

Swimmer Cell phone, if any: _____

Swimmer Email: _____

Make check payable to: **SWIM ORLANDO**. P.O. Box 691385, Orlando, FL 32869

SWIM ORLANDO (SO)

Swimmer's Agreement to Hold Harmless

I, _____, agree to & hereby release SO; the SO
(Print Name of Parent, Guardian, or Adult Swimmer)

coaching staff, employees, and volunteers, the Central Florida YMCA and the YMCA Family and Aquatic Center and its employees; their agents and employees from all liabilities & claims arising by reason of injuries that may occur to

(Print Name of Swimmer/s)

while participating in the programs of Swim Orlando, including travel to & from training sessions, other scheduled activities, & swimming meets. I agree to indemnify & hold harmless the above mentioned, their agents & employees, against any & all liability for personal injury, including injuries resulting in death, or damage to property, or both, while enrolled in the program. I agree to reimburse the above for any & all damages they are compelled to pay arising from any such claim, demand, action, or cause of action as may arise from my or my child's action while enrolled in the program.

Media Release and Authorization

I acknowledge that my child/children's voice and/or image may be recorded, photographed and/or filmed during his/her participation with Swim Orlando and I hereby grant the right to use such photographs and/or film in perpetuity in connection with its advertisement and promotion of the team and organization.

(Parent Signature)

Emergency Medical Treatment Authorization

I, _____, in the event that I cannot be reached to
(Print Name of Parent, Guardian, or Adult Swimmer)

Arrange for emergency medical attention; authorize the staff and / or coaches of Swim Orlando to take my child, _____,
(Print Name of Swimmer)

To _____
(Print Name of Physician)

or to the nearest emergency medical facility. If the named physician is not available, I authorize the staff & coaches to obtain emergency medical attention & treatment for my child at a hospital or clinic of their choice. I give consent to the hospital or clinic, & physicians to render the necessary emergency treatment to my child.

SIGNATURE

DATE

Insurance Company: _____

Policy Number: _____

Name of Insured: _____

Group Number: _____ Ins. Co. Phone _____

Physician's Name: _____

Physician's Phone Number: _____

Please circle the appropriate answer below. All information will remain confidential.

YES NO 1. Has this athlete ever had hospitalization, surgery, injury, or serious medical illness?

YES NO 2. Is this athlete now under the care of a physician or taking any medication?

YES NO 3. Has any physician ever recommended or do you feel that there should be limits placed on participation in competitive sports?

YES NO 4. Does this athlete have any known allergies (i.e. to medications)?

YES NO 5. Does this athlete wear glasses or contact lenses?

YES NO 6. Has this athlete ever blacked out or lost consciousness during physical activity?

If yes to any of the above, please explain below. Use additional paper if necessary.

Additional Emergency Names and Phone Numbers:

Swim Orlando Volunteer Form (Swimmer Name) _____

Parents and swimmers: Do you have a special talent or organizational skill that you can lend to our team? Please let us know. Hosting Swim meets is the best way for our team to raise money and fortunately, we have one of the best pools in Florida. Our pool is the site of many important swim meets throughout the year and we will need our families to volunteer their time and talents. There will be many opportunities to host meets, do special activities, take field trips, and attend meets out of town. We are still forming the framework of our organization and we welcome your special talents and your energies.

Some POSITIONS: (others will be needed)

- Fundraising
- Trip Planners
- Marketing and Media
- Hospitality Coordinator
- Concessions Coordinator
- Hospitality and Concessions Team Members
- Meet Set-up & Tear-Down
- Safety Marshall for Meets
- Meet Directors
- Officials / Stroke and Turn Judges
- Meet Computer Operators
- Assistant to Carol for ordering/maintaining supplies
- Assistant for communication with parents and office work
- Swimmer Reps for team activities
- Parent Reps for team activities
- Coordinator for Service Opportunities
- Planning parties and events
- Other _____

Your Ideas / Comments?

Name of Swimmer:

Phone Number:

E-mail Addresses:

Parent's Signature

Date