# **Welcome to Pacific Swim**

### **Novice Group**

Welcome to our team! Pacific Swim is dedicated to providing a great experience for all ages and abilities. It is the goal of **Pacific Swim** to offer age specific training for all of our athletes geared towards challenging each individual and developing each individual to the best of THEIR abilities. In this packet you will find all the forms necessary to participate on the team. Please read the following instructions carefully and complete each document thoroughly so we can get you started on your swimming journey.

# **Novice Team Registration Form**

Please complete this form in full. All information requested is important. We use email and cell numbers for parents to send out invoices, important team information, last minute schedule changes and other team communication notices. Please use a primary email for person who will be handling the billing account.

We charge an annual team fee of \$75 per athlete. The fee is pro-rated beginning in September to \$65 and \$10 off each month thereafter. This fee goes towards travel meets, equipment for groups and general athlete related expenses and more. This fee is due at the time of initial registration and billed every January with your regular monthly dues.

## **USA Swimming Registration**

This is required for all athletes on any USA Swimming team and allows for athletes to compete in meets. Please fill out the information correctly and make sure the information on the USA form and our team forms match as far as birthdates and names, middle initials etc... Our team code is **PS-SI**. Please return this form, including a check payable to San Diego Imperial Swimming and an ORIGINAL birth certificate or passport to Rancho Arbolitos, if you are registering for the first time. If this registration is a renewal, you may mail the form, along with payment for \$70 to: San Diego Imperial Swimming | PO BOX 1347, Fallbrook, CA 92088

### **Pacific Swim Merchandise**

All swimmers attending meets are required to wear a PS team suit and PS Cap which you can purchase at Rancho Arbolitos. We also have customizable team warm ups and parkas for order at Rancho Arbolitos.

## **Automatic Payment Authorization Form**

Each swimmer is required to be set up via automatic payment. We encourage everyone to set up their account using automatic bank debit from a checking or savings account at no fee. If you would like to use a credit card we charge a \$5 recurring transaction fee.

## **Cancellation Policy**

Cancellations or any changes due to injury or illness must be sent via email to <a href="mailto:billing@pacificswim.com">billing@pacificswim.com</a>. Cancellation or temporary deactivations must be received by the 7<sup>th</sup> of the month prior to the month you wish to cancel or full dues will be charged.

Once you have completed and turned in your forms to Rancho Arbolitos, you should receive an email from Team Unify within a few days. This email will provide you login instructions to Team Unify where you can manage your billing account as well as sign up for meets, etc. If you do not receive this email within 1 week of registering, please check your junk mail and then contact billing@pacificswim.com. If you have any questions regarding the foregoing please do not hesitate to contact us at 858-486-3670.

### **Happy Swimming!**

#### **Pacific Swim**



# **Pacific Swim**

# **Novice Registration**

Athlete Information					
Legal First Name	Legal Last Name		Mid Initial (must list if available)	<u>M</u> F Gender	/
Preferred Name	Swimmer Email (if applicable)		Swimmer Mobile # (if applicable)		
Please list any known allergies or medical	conditions:				
Group: (Circle One)	Sideways	Beginner Novice	Advan	ced Novice	
Parent(s) or Legal Guardian:					
First Name(s)	Last I	Name(s)			
Billing Address:		City:		State	Zip
() Mobile Number (Primary)	() Mobile Number (Second	ary) — W	ireless Carrier		
Email Address (Primary)		Email Address (Second	ary)		
Swim, Inc., Rancho Arbolitos Swim & suffered by me or my children in connection of the suffered by me or my children in connection of the suffered by me or my changes and suffered or the suffered by the suf	ection with participating in that team fee due at the time of month thereafter.  It to the account due to illness received by the 7th of the meters of the month we fore the 7th of the month we	he swim program or us of registration from Jan ss or injury <b>MUST</b> be s onth prior to the month ill be charged full dues	e of facilities.  uary through August  ent via <b>e-mail</b> to billi you are stopping the otherwise weekly p	. Beginning \$ ng@pacificsvering account will	September fees vim.com. If notice to be billed accordingly.
☐ By marking the preceding box, I agree that I have read and underst	•	• • • •	ture(s) of the athlete	s listed above	e to its website.
Signature of Parent or Legal Guardia	n	Today's date			
FOR OFFICE USE ONLY					
Received By Date Received	Amount of Initial Payment	check / debit / ca Circle pay		Start Billi	ng in the Month of
Special Notes:					
Entered In Team Unify D	ate: /	Sent Login Email	Date:		_

# **Pacific Swim**

# **Automatic Payment Authorization**

Please choose from the following two payment options for payment of monthly swim dues and associated fees (swim meets, annual registration fee, etc).

Parent Name				
Swimmer Name				
Name as appears on Account				king / Savings Account Type
Bank Name				each month to be Debited
			11 11 11	1[_][_]
Bank Account Number		Routing Number		
My signature below authorizes Pacific Swim Team, Inc to deduct with the same information that I have written above.	t the appropriate amount fro	m my account ea	ch month. <u>I have a</u>	ttached a voided checl
Signature of Account Holder	Today	s date		
Automatic Charge to Credit Card				
	VISA Mastercard	d Discover	1st of each	month
Bank Name	Type of Credit Card		Date to be Ch	
Name as it appears on Credit Card				
Billing Address of Credit Card	City		State Zi	p
 	1 1 1 1 1 1 1	1 1 1	1/[ ][ ]	
Credit Card Number (Visa or MasterCard)		_J LJ L_ Expira	J / LJ LJ ation Date	CVC
My signature below authorizes Pacific Swim Team, Inc to charge \$5/month transaction fee added to monthly dues if paid by credi	e the appropriate amount to t card.	my credit card ea	ich month. Please	note there is a
Signature of Account Holder	Date			
EOD OFFICE LISE:				
FOR OFFICE USE:				
Payment Set Up in TU:				

Initial

Date



# **Acknowledgment of Receipt of Concussion Information Sheet**

Pursuant to California Health and Safety Code §124235, a concussion and head injury information sheet shall be given by each youth sports organization offering an athletic program to each athlete in that program. The information sheet shall be signed and returned by the athlete and, if the athlete is 17 years of age or younger, shall also be signed by the athlete's parent or guardian before the athlete initiates practice or competition. The USA Swimming Concussion Information Sheet (three pages) is attached to this acknowledgment.

Please note, the information contained in the Swimming Concussion Information Sheet and this Acknowledgment is not medical advice and is no substitute for it.

I hereby acknowledge that I h	ave received the USA Swimming Concus	sion Information Sho	eet (three pages) from
(Name o	of USA Swimming Team).	_	
I have read and understand its c	ontents.		
<del>-</del>	any questions regarding the signs or symption and the protocol for returning to daily the care provider.		
Athlete's Name	Athlete's Signature	Date	
Parent or Guardian's Name	Parent or Guardian's Signature	Date	

This signed acknowledgment may be returned to <a href="CIS@usaswimming.org">CIS@usaswimming.org</a>.



# **CONCUSSION INFORMATION SHEET**

# Dear Parent/Guardian and Athletes,

This information sheet is provided to assist you and your child in recognizing the signs and symptoms of a concussion. Every athlete is different and responds to a brain injury differently, so seek medical attention if you suspect your child has a concussion. Once a concussion occurs, it is very important your athlete return to normal activities slowly, so he/she does not do more damage to his/her brain.

#### What is a Concussion?

A concussion is an injury to the brain that may be caused by a blow, bump, or jolt to the head. Concussions may also happen after a fall or hit that jars the brain. A blow elsewhere on the body can cause a concussion even if an athlete does not hit his/her head directly. Concussions can range from mild to severe.

# Signs and Symptoms of a Concussion

Athletes do not have to be "knocked out" to have a concussion. In fact, less than 1 out of 10 concussions result in loss of consciousness. Concussion symptoms can develop right away or up to 48 hours after the injury. Ignoring any signs or symptoms of a concussion puts your child's health at risk!

Signs O	bserved by Coaches, Officials, Parents or Guardians
	Appears dazed, stunned or confused
	Unsure about event, location of name of meet
	Moves clumsily
	Answers questions slowly
	Loses consciousness (even briefly)
	Shows behavior or personality changes – irritability, sadness, nervousness, emotional
	Can't recall events before or after incident
	ms Reported by Athlete
	Any headache or "pressure" in head - how badly it hurts does not matter
	Nausea or vomiting
	Balance problems or dizziness
	Double or blurry vision
	Sensitivity to light and/or noise
	Feeling sluggish, hazy, foggy or groggy
	Concentration or memory problems
П	Confusion
	Does not "feel right"
	Trouble falling asleep
	Sleeping more or less than usual
Be Hon	
athletes	ge your athlete to be honest with you, his/her coach and your health care provider about his/her symptoms. Many youn get caught up in the moment and/or feel pressured to return to sports before they are ready. It is better to miss practice nan the entire season or risk permanent damage!
Seek Me	edical Attention Right Away
	medical attention on the day of the event is an important first step if you suspect or are told your swimmer has a
_	ion. A qualified health care professional will be able to determine how serious the concussion is and when it is safe for
	d to return to sports and other daily activities:
П	No athlete should return to activity on the same day he/she gets a concussion
П	No athlete may return to training, regardless of sport, until he/she is cleared by a heath care professional with a
Ш	note specifying clearance. Athletes should NEVER return to the pool if they still have ANY symptoms in case an
	athlete returns with a note and then during the practice complains of a headache or other symptoms
	Parents and coaches should never pressure any athlete to return to play

or

### The Dangers of Returning Too Soon

Returning to the pool too early may cause Second Impact Syndrome (SIS) or Post-Concussion Syndrome (PCS). SIS occurs when a second blow to the head happens before an athlete has completely recovered from a concussion. This second impact causes the brain to swell, possibly resulting in brain damage, paralysis, and even death. PCS can occur after a second impact. PCS can result in permanent, long-term concussion symptoms. The risk of SIS and PCS is the reason why no athlete should be allowed to participate in any physical activity before they are cleared by a qualified health care professional.

### Recovery

A concussion can affect school, work, and sports. Along with coaches and teachers, the school nurse, athletic trainer, employer, and other school administrators should be aware of the athlete's injury and their roles in helping the child recover. During the recovery time after a concussion, physical and mental rest is required. A concussion upsets the way the brain normally works and causes it to work longer and harder to complete even simple tasks. Activities that require concentration and focus may make symptoms worse and cause the brain to heal slower. Studies show that children's brains take several weeks to heal following a concussion.

# **Returning to Daily Activities**

- 1. Be sure your child gets plenty of rest and enough sleep at night no late nights. Keep the same bedtime weekdays and weekends.
- 2. Encourage daytime naps or rest breaks when your child feels tired or worn-out.
- 3. Limit your child's activities that require a lot of thinking or concentration (including social activities, homework, video games, texting, computer, driving, job-related activities, movies, parties). These activities can slow the brain's recovery.
- 4. Limit your child's physical activity, especially those activities where another injury or blow to the head may occur.
- 5. Have your qualified health care professional check your child's symptoms at different times to help guide recovery.

# **Returning to School**

- 1. Your athlete may need to initially return to school on a limited basis, for example for only halfdays, at first. This should be done under the supervision of a qualified health care professional.
- 2. Inform teacher(s), school counselor or administrator(s) about the injury and symptoms. School personnel should be instructed to watch for:
  - a. Increased problems paying attention.
  - b. Increased problems remembering or learning new information.
  - c. Longer time needed to complete tasks or assignments.
  - d. Greater irritability and decreased ability to cope with stress.
  - e. Symptoms worsen (headache, tiredness) when doing schoolwork.
- 3. Be sure your child takes multiple breaks during study time and watch for worsening of symptoms.
- 4. If your child is still having concussion symptoms, he/she may need extra help with school related activities. As the symptoms decrease during recovery, the extra help can be removed gradually.

# Returning to the Pool

- 1. Returning to the pool is specific for each person. As an example, California law requires written permission from a health care provider before an athlete can return to play. Follow instructions and guidance provided by a health care professional. It is important that you, your child and your child's coach follow these instructions carefully.
- 2. Your child should NEVER be on deck, practice, or participate in competition if he/she still has ANY symptoms. (Be sure that your child does not have any symptoms at rest and while doing any physical activity and/or activities that require a lot of thinking or concentration).
- 3. Be sure that the athletic trainer, coach and physical education teacher are aware of your child's injury and symptoms.
- 4. Your athlete should complete a step-by-step exercise-based progression, under the direction of a qualified healthcare professional.

#### Resources:

**Insurance** - USA Swimming provides an excess accident medical insurance policy for USA Swimming members while participating or volunteering in a USA Swimming sponsored or sanctioned event. Details of the insurance coverage are on the USA Swimming website under Insurance and Risk Management.

Centers for Disease Control and Prevention - www.cdc.gov/Concussion

Zurich Concussion Conference (2012) - Consensus statement on concussion in sport: the 4th International Conference on Concussion in Sport held in Zurich, November 2012. http://bjsm.bmj.com/content/47/5/250.full

ODH Violence and Injury Prevention Program - www.healthyohioprogram.org/concusion

National Federation of State High School Associations - www.nfhs.org - Index concussions and see "A parent's guide to concussion in sports".