

## 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 fee is due annually and required for all athletes on any USA Swimming team. This is insurance for athletes and covers them to compete in meets and swim at other locations. 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, along with payment of \$72 to: Rancho Arbolitos | 14343 Silverset Street. Poway CA 92064. Please note we do not require a birth certificate or passport for renewals.

### 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 gear 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/Reactivation Policies

Cancellations, reactivations or changes due to injury or illness MUST be sent via email to [billing@pacificswim.com](mailto:billing@pacificswim.com). Cancellations or temporary deactivations must be received by the 7<sup>th</sup> of the month latest prior to the month you wish to cancel or full dues will be charged. If a swimmer participates any part of the month full dues are payable. Please note that once you have deactivated your return will be based on roster space availability and is not guaranteed.

Our annual team break is the last 2 weeks in August. We do not prorate for this month as the amount has already been factored in to the dues structure.

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](mailto: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

## Novice Registration

**Athlete Information**

\_\_\_\_\_  
Legal First Name

\_\_\_\_\_  
Legal Last Name

\_\_\_\_\_  
Mid Initial  
(must list if available)

          
M F  
Gender

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Preferred Name

\_\_\_\_\_  
Swimmer Email (if applicable)

\_\_\_\_\_  
Swimmer Mobile # (if applicable)

Please list any known allergies or medical conditions: \_\_\_\_\_

**Group: (Circle One)**      **Sideways**      **Beginner Novice**      **Advanced Novice**

**Parent(s) or Legal Guardian:**

\_\_\_\_\_  
First Name(s)

\_\_\_\_\_  
Last Name(s)

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_      (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_      \_\_\_\_\_  
Mobile Number (Primary)      Mobile Number (Secondary)      Wireless Carrier

\_\_\_\_\_  
Email Address (Primary)

\_\_\_\_\_  
Email Address (Secondary)

**Release of Liability**

In consideration of the acceptance of this registration, we, the undersigned swimmer, parent and/or guardian, intending to be legally bound, do hereby waive, release and forever discharge any and all rights and claims for damages which we or any of us may hereafter have against Pacific Swim, Inc., Rancho Arbolitos Swim & Tennis, LLC, its representatives, and its coaches for any and all damages which may be sustained and/or suffered by me or my children in connection with participating in the swim program or use of facilities.

I understand that there is a \$95 annual team fee due at the time of registration from January through August. Beginning September fees are prorated to \$65 and \$10 off each month thereafter.

Cancellations, reactivations or changes due to injury or illness **MUST** be sent via email to [billing@pacificswim.com](mailto:billing@pacificswim.com) by the 7<sup>th</sup> of the month latest, prior to the month you are deactivating or full dues are payable. Any swimmer beginning or rejoining before the 7<sup>th</sup> of the month will be charged full dues, otherwise weekly prorated amounts apply. If a swimmer is deactivating and swims any day of the month you are responsible for the full month dues. Our annual team break is in August. We do not pro-rate for this month as the amount has already been factored into the monthly fee schedule.

By marking the preceding box, I **DO NOT** agree that Pacific Swim may publish picture(s) of the athletes listed above to its website.

**I agree that I have read and understand all the above statements.**

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Today's date

**FOR OFFICE USE ONLY**

\_\_\_\_\_  
Received By

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date Received

\_\_\_\_\_  
Amount of Initial Payment

          
check / debit / cash / credit/ TU  
Circle payment type

\_\_\_\_\_  
Start Billing in the Month of

Special Notes \_\_\_\_\_

Entered In Team Unify \_\_\_\_\_ Date: \_\_\_\_\_ / Sent Login Email \_\_\_\_\_ 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 have received the USA Swimming Concussion Information Sheet (three pages) from

\_\_\_\_\_  
(Name of USA Swimming Team).

I have read and understand its contents.

I also acknowledge that if I have any questions regarding the signs or symptoms of a concussion or other head injuries, the need to seek medical attention and the protocol for returning to daily activities, school and the swimming pool, I will consult with a licensed health 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 [CIS@usaswimming.org](mailto:CIS@usaswimming.org).



## 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 Observed by Coaches, Officials, Parents or Guardians**

- Appears dazed, stunned or confused
- Unsure about event, location or 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
- 

### **Symptoms 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
- Confusion
- Does not “feel right”
- Trouble falling asleep
- Sleeping more or less than usual

### **Be Honest**

Encourage your athlete to be honest with you, his/her coach and your health care provider about his/her symptoms. Many young athletes get caught up in the moment and/or feel pressured to return to sports before they are ready. It is better to miss practice or meets than the entire season... or risk permanent damage!

### **Seek Medical Attention Right Away**

Seeking medical attention on the day of the event is an important first step if you suspect or are told your swimmer has a concussion. A qualified health care professional will be able to determine how serious the concussion is and when it is safe for your child to return to sports and other daily activities:

- No athlete should return to activity on the same day he/she gets a concussion
- No athlete may return to training, regardless of sport, until he/she is cleared by a health care professional with a 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

## **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](http://www.cdc.gov/Concussion)

**Zurich Concussion Conference (2012)** - Consensus statement on concussion in sport: the 4<sup>th</sup> 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/concussion](http://www.healthyohioprogram.org/concussion)

**National Federation of State High School Associations** - [www.nfhs.org](http://www.nfhs.org) – Index concussions and see "A parent's guide to concussion in sports".