

# Greater Pensacola Aquatic Club

## Application/Registration Packet

Here is a checklist of items that must be filled out, signed and/or returned to the GPAC office prior to a new swimmer starting practice or a current swimmer continuing to practice. Current swimmers must have all forms and related payments returned no later than **November 1, 2011**.

**Remember these forms are required!**

### Current year Athlete Application (2 pages)

Please be sure to read carefully , fill in all information and sign each area.

### Parent Code of Conduct (1 page)

GPAC seeks to work constructively with our swim parents.

### Volunteer Survey (2 pages)

GPAC relies on volunteers for almost every aspect of its operation. Please fill out this survey letting us know where you would like to support your swimmers team.

### Payment of Fees

Fees are collect up front for registration and for the current months training fees. If you have questions about the amount the fee you need to pay please contact GPAC @ 850-484-1312 or gpacoffice@gmail.com.

**Note:** If you were previous enrolled in GPAC at any time you need a specific document that may only be picked up at GPAC's office located on the pool deck of Pensacola State College

# Greater Pensacola Aquatic Club

## 2012 Athlete Application

**Swimmer's Legal Name:** \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE)

Swimmer's Preferred Name: \_\_\_\_\_ Birth date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gender: M F

Swimmer Contact Info: Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

T-Shirt Size (circle one): YS YM S M L XL XXL

How did you hear about GPAC? \_\_\_\_\_

**DISABILITY:**

- A. Legally Blind or Visually Impaired
- B. Deaf or Hard of Hearing
- C. Physical Disability *such as amputation, cerebral palsy, dwarfism, spinal injury, mobility impairment*
- D. Cognitive Disability *such as mental retardation, severe learning disorder, autism*

**RACE AND ETHNICITY**

(You may make up to two choices if appropriate):

- Q. Black or African America
- R. Asian
- S. White
- T. Hispanic or Latino
- U. American Indian & Alaskan Native
- V. Some Other Race
- W. Native Hawaiian & Other Pacific Islander

**U.S. CITIZEN:** Y N

If No, please list nationality. \_\_\_\_\_

ARE YOU A MEMBER OF ANOTHER FINA FEDERATION?  
 IF YES, WHICH FEDERATION: \_\_\_\_\_

YEAR LAST REGISTERED: \_\_\_\_\_. IF YOU REGISTERED WITH A DIFFERENT USA SWIMMING CLUB IN 2011, ENTER THAT CLUB CODE \_\_\_\_\_ LSC CODE \_\_\_\_\_ AND THE DATE OF YOUR LAST COMPETITION REPRESENTING THAT CLUB: \_\_\_\_\_.

**Parent / Guardian Names:** \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Additional Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Parent's Place of Employment: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_

Family Physician: \_\_\_\_\_

Phone: \_\_\_\_\_

Family Dentist: \_\_\_\_\_

Phone: \_\_\_\_\_

Health Insurance Carrier: \_\_\_\_\_

Group Name: \_\_\_\_\_

Name of Insured: \_\_\_\_\_

Policy Number: \_\_\_\_\_

<b>OFFICE USE ONLY</b>	Date Joining GPAC: ____ / ____ / ____
<b>Swim Team Information:</b>	
Group: White: M, W & F ____ T, TH & F ____ Blue: ____ Green: ____	
Junior: ____ Senior Blue: ____ Senior Green: ____ Senior: ____	
Location: The Club: ____ Milestone Aquatic Club: ____	
Pensacola Junior College: ____ The University of West Florida: ____	
<b>Seasonal Programs</b>	
Summer League _____	
Penguins _____	
Other _____	

# Notification of U. S. Swimming Insurance Coverage Liability & Medical Release

*PLEASE READ CAREFULLY BEFORE SIGNING.  
THIS IS A RELEASE OF LIABILITY AND WAIVER OF CERTAIN LEGAL RIGHTS.*

I agree and understand that swimming can be a HAZARDOUS activity. I recognize that there are risks inherent in the sport of swimming, including but not limited to, paralyzing injuries and death. I understand that upon payment of my swimmer's United States of America Swimming fee that my child is covered by USA Swimming's liability insurance and secondary medical insurance at all practices, meets, and any other activities that are approved and/or sanctioned by USA Swimming.

If my child/children is injured while participating in any approved and/or sanctioned activities, I and my family agree to indemnify and hold harmless the Greater Pensacola Aquatic Club (GPAC) & Pensacola State College (PSC), The Club, Milestone Aquatic Club (MAC), The University of West Florida (UWF) and any other facility GPAC may use as well as Southeastern Swimming (SES). I do hereby, forever discharge GPAC, PSC, The Club, MAC, UWF and SES and all their coaches, instructors, officers, directors, agents, and employees from any and all claims, demands, and actions on account of death or injury to my child which may occur from any cause during participation in activities of the GPAC. By signing this release, I swear that my child is in good physical condition and I am not aware of any disease or injury that would result in his/her being injured during any program participation. I have also noted below any medical/health problems of which the staff should be aware.

I hereby authorize and consent for the coaches, instructors, officers, directors, agents, and employees of GPAC to employ on my behalf a licensed physician for the emergency treatment of my child, in connection with any injury, accident, or illness suffered while involved with a team activity. Said authorization and consent for emergency treatment includes hospitalization and/or surgical care as recommended by said physician. It is understood that every reasonable effort will be made to notify me of said emergency. Further, the parent/guardian agrees to pay all costs associated with medical care and transportation for the participant.

**I HAVE CAREFULLY READ THE ABOVE LIABILITY RELEASE AND SIGN IT WITH FULL KNOWLEDGE OF ITS CONTENTS AND SIGNIFICANCE.** I understand that this consent applies to each child that I enroll in any GPAC program.

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date

Please list any significant medical history (allergies, injuries, surgeries, diseases, etc.)

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## Financial Obligations, Code of Conduct & Communications

I agree that if my child participates in any Greater Pensacola Aquatic Club (GPAC) activities during any part of a billing period that I will be responsible for the fees assessed by GPAC for that billing period in accordance with the GPAC financial policies. These fees may include, but are not limited to, registration fees, training fees, travel fees, meet fees, late fees, returned check fees, hospitality fees, fundraising requirement fees, and USA Swimming annual fees.

I agree that I and my family will not bring or possess alcoholic beverages, illegal drugs or International Olympic Committee banned substances on the premises. We further agree to abide by the general rules of conduct (code of conduct) prescribed for participants and their families and that violations may result in a denial of swimming privileges.

I agree that along with other forms of communications, such as mail, e-mail is an official means of communication through which I may contact GPAC and GPAC may contact me. Families are responsible for receiving, reading, complying with, and responding to official email communications from GPAC.

Please make sure you update GPAC with any e-mail account changes and be sure to check your e-mail regularly to keep yourself abreast of any new developments, new or revised policies and procedures, any scheduled updates or changes, account updates and notifications, etc.

I understand that this applies to each child that I enroll in any GPAC program.

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date

## Photo / Video Release

The purpose of this section is to obtain permission for the Greater Pensacola Aquatic Club (GPAC) to use images of its swimmers in basic marketing materials, including but not limited to, fliers, newspaper articles, GPAC website articles and television spots.

I hereby give permission for images of my child, captured during regular and special activities of GPAC through video, photo, and digital camera, to be used solely for the purpose of GPAC promotional material and publications, and waive any rights of compensation or ownership thereto.

I understand that this consent applies to each child that I enroll in any GPAC program.

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date

# Greater Pensacola Aquatic Club

## Parent Code of Conduct

- I. Practice **TEAMWORK** with all parents, swimmers and coaches by supporting the values of *Discipline, Loyalty and Hard Work*.
- II. As a parent, I will not coach or instruct the team or any swimmer at a practice or meets (from the stands or any other area) or interfere with coaches on the pool deck.
- III. Set a sportsmanship example by conducting myself at meets and practices in a manner that earns the respect of my child, other swimmers, other parents and the coaches.
- IV. Maintain self-control at all times by following this simple guideline:  

**Parents – Parent, Coaches – Coach, Swimmers – Swim & Officials – Officiate**
- V. As a parent, I understand that publicly criticizing, name-calling or use of abusive language or gestures directed toward the coaches, officials, and/or any participating swimmer will not be permitted or tolerated.
- VI. Enjoy involvement in the Greater Pensacola Aquatic Club by supporting the swimmers, coaches and other parents with positive communication and actions.
- VII. **Sanctions:** Should I conduct myself in such a way that brings discredit to the Greater Pensacola Aquatic Club, or USA Swimming, I voluntarily subject myself to disciplinary actions, which may include suspensions and/or dismissal from the team, as deemed appropriate by the Greater Pensacola Aquatic Club Board of Directors.

As a parent/guardian of a swimmer and participant in the Greater Pensacola Aquatic Club, I will abide by this code of conduct. I understand that this acknowledgment applies to not only me, but to each parent/guardian of my swimmer/participant.

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(Print Name)

(Signature)

(Date)

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(Print Name)

(Signature)

(Date)

Please see the GPAC website to review the “Parent, Swimmer, Coach; A Triangular Relationship” document, which goes into more detail about communication and how to steer your way through the world of competitive swimming.

# Greater Pensacola Aquatic Club

## VOLUNTEER SURVEY

*One of the cornerstones of GPAC's success over the years has been the dedicated support of parent volunteers. In a day and time when people are busier than ever, our organization has enjoyed the benefit of the time, talents, and energy of parents that are just as committed to the program, as are their swimmers. Volunteers are an integral part of every aspect of the GPAC program. It's a great opportunity to share your swimmer's experience, have fun, meet new friends and make a valuable contribution.*

*Outlined below are the varieties of ways that parents can choose to be involved. Please complete the requested information and indicate your areas of interest and where you would like to help.*

**New Family** \_\_\_\_\_ **or Returning Family** \_\_\_\_\_ **No. of Years w/ GPAC** \_\_\_\_\_

**Practice Location: The Club** \_\_\_\_\_ **Milestone** \_\_\_\_\_ **PJC** \_\_\_\_\_ **UWF** \_\_\_\_\_

**Swimmer** \_\_\_\_\_ **Practice Group** \_\_\_\_\_

**Swimmer** \_\_\_\_\_ **Practice Group** \_\_\_\_\_

**Swimmer** \_\_\_\_\_ **Practice Group** \_\_\_\_\_

**Family E-Mail Address** (for Coach's Update) \_\_\_\_\_

**Father's Name** \_\_\_\_\_

**Occupation** \_\_\_\_\_ **Company** \_\_\_\_\_

**Day Phone** \_\_\_\_\_ **Night Phone** \_\_\_\_\_

**Cell Phone** \_\_\_\_\_ (Please list 10-digits for all phone numbers).

**Mother's Name** \_\_\_\_\_

**Occupation** \_\_\_\_\_ **Company** \_\_\_\_\_

**Day Phone** \_\_\_\_\_ **Night Phone** \_\_\_\_\_

**Cell Phone** \_\_\_\_\_ (Please list 10-digits for all phone numbers).

**SWIM MEETS**

- Awards
- Bull Pen Organization
- Processing Meet Entries
- Meet Program Design
- Heat Sheet Sales
- Hospitality
- Runner
- Timers
- Meet Marshall
- Volunteer Check-In

**SWIM MEETS -TRAINING REQUIRED**

- | Need Training            | Currently Trained                                |
|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> Timing System Operator  |
| <input type="checkbox"/> | <input type="checkbox"/> Console Operator        |
| <input type="checkbox"/> | <input type="checkbox"/> Meet Director           |
| <input type="checkbox"/> | <input type="checkbox"/> Referee/Starter         |
| <input type="checkbox"/> | <input type="checkbox"/> Stroke Judge            |
| <input type="checkbox"/> | <input type="checkbox"/> Processing Meet Entries |

**COMMITTEE ASSIGNMENTS**

- Marketing
- Hall of Fame
- Personnel
- Finance
- Strategic Planning
- Social Committee

**COMMUNICATIONS & FUNDRAISING**

- Welcoming New Families
- Parent Education Meetings
- Soliciting Sponsors
- Soliciting Ads

**SPECIAL SKILLS & INTEREST**

- Photography
- Printing
- Graphic Design
- Writing

**OFFICE ASSISTANCE**

- General
- Computer

**TEAM ACTIVITIES**

- Chaperone Travel Trips
- Host Team Party/Dinner
- Spring Awards Ceremony

**SUGGESTIONS...**Please use the space below to describe any other ways that you would like to make a volunteer contribution to the GPAC program. Likewise, if you have any suggestions for ways we can better coordinate and organize volunteers, we would very much appreciate your input. Thank you.

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**Thank you for your suggestions and contributions.**

**PLEASE RETURN THIS FORM AT REGISTRATION**