



The Dottie Boreyko/Brophy Sports Campus
Brophy East Swim Team Registration

Date: _____

Swimmer's Last Name, First Name, MI, Date of Birth

Age, Sex (M / F), Years at the club

Address, City, State, Zip

Parent/Guardian Last Name, First Name(s), married separated divorced
(if separated/divorced, note primary parent)

Mother Home Phone, Mother Office Phone, Mother Mobile Phone

Father Home Phone, Father Office Phone, Father Mobile Phone

Parent's Email, Local Newspaper, School, Grade

Parent's Business, Parent's Occupation

Parent's Business, Parent's Occupation

- NEW REGISTRATION
- RE-REGISTRATION – (file should have other pieces)
- Payment Form (page 2)
- Copy of Child's Birth Certificate
- Medical Release Form and Consent Form (attached)
- Signed Code of Conduct (attached)
- USA Swimming 2008 Athlete Registration

Please note: All travel costs for swim meets and training trips are the responsibility of each swimmer.
Dues are based on an annual fee associated with the team level. You are billed monthly.
Families are not permitted to freeze for April and August when team breaks are planned.
Unless indicated otherwise, your name will be listed in a team roster for team purposes only.

Signature of Parent/Guardian _____ Date: _____



The Dottie Boreyko/Brophy Sports Campus
Brophy East Swim Team Registration Fees

BEST

BROPHY EAST SWIMTEAM

Annual Fee Per Swimmer	\$50	_____
(to be paid at time of registration)		
Monthly Fee:		
Gold Team	\$110	_____
Silver, Bronze, Blue, Red, White	\$85	_____
Rising Stars	\$60	_____
Monthly Locker Rental Available:		
Large (if available)	\$20	_____
Medium	\$12.50	_____
Small	\$7.50	_____
2008 USA Swimming Registration	\$56	_____
(We also need a copy of each swimmer's birth certificate)		
Total	\$	_____

All payments are due monthly, no later than the 10th of each month. A \$20 late charge is billed on all balances carried over 30 days. If you wish to stop swimming, you must inform us by the 15th of the month prior. Families are not permitted to freeze for April and August when team breaks are built into the schedule. Dues are based on an annual fee associated with the team level. You are billed monthly.

Please mark your preferred method of payment.

- Cash _____
- Check _____ (make checks payable to Brophy College Prep)
- MasterCard – billed automatically
- Visa – billed automatically

	/	/	
Card Number			Exp. Date
	/	/	
Name as it appears on the Credit Card	Signature of cardholder	Date	

Cardholder is responsible for updating the file when your card expires.



The Dottie Boreyko/Brophy Sports Campus Brophy East Swim Team Code of Conduct

BEST

BROPHY EAST SWIMTEAM

The undersigned athlete/staff member, as a participant at the Brophy Swim Team, agrees to abide by the standards of conduct outlined below at all times. Any additional guidelines regarding conduct will be presented at team meetings.

General Code of Conduct

All athletes are expected to follow the directions of the coaching staff and present a positive image at **all times**. This includes **NO RUNNING ON THE POOL DECK**, attending all team meetings, training sessions, and events unless excused by the athlete's coach, abiding by curfews and an acceptable dress code as established by the Head Coach.

Team members will display at all times proper respect and sportsmanship towards coaches, officials, administrators, fellow competitors and the public. Failure to do so may result in disciplinary action.

Destruction of property is a violation of State and/or Federal Laws and is cause for immediate and indefinite suspension. Destruction of property at meets will be the financial responsibility of ALL the room members.

The possession, distribution or use of alcohol, tobacco, illegal drugs or any non-prescription drugs is prohibited and makes the athlete immediately liable for suspension from the team. **It is each athlete's responsibility to prevent situations from occurring and to avoid situations that do occur. Do not allow anyone, including your teammates to bring substances into your presence. You are expected to leave a party or gathering where drugs and/or alcohol are present. YOU are RESPONSIBLE for your actions.**

Brophy does not condone use of any alcoholic beverages, tobacco, illegal drugs at any functions or gatherings, and reserves the right to handle cases involving athlete conduct and actions, regardless of when or where such actions take place. Dangerous weapons and other paraphernalia such as knives, guns, brass knuckles, chains, lighters and other such objects, which can be used as weapons or in a threatening manner, are not to be brought to the swim club or any related activities and trips. Any athlete who brings such items to the swim club or on any related trips is liable for suspension from the team.

Harassment Policy

Brophy believes in the inviolability and integrity of all persons: that we are created in God's image and are of inestimable value. For these reasons, any form of harassment is completely contrary to this belief. All athletes and employees of Brophy are forbidden from engaging in any behavior of this nature, which is directed at any member of the Brophy community--adult, adolescent, or child. This policy also extends to any visitor or guest to the Brophy campuses. The school will treat allegations of harassment seriously and will review and investigate such allegations in a prompt, confidential, and thorough manner. A charge of harassment shall not, in and of itself, create the presumption of wrongdoing. However, substantiated acts of harassment will result in disciplinary action, up to and including suspension from the swim club.

Harassment Policy Continued

Athletes found to have filed false and frivolous charges will also be subject to disciplinary action, up to and including suspension.

Harassment occurs when an individual is subjected to treatment or to a school environment which is hostile or intimidating because of race, creed, color, religion, national origin, age, veteran status, physical disability, gender or sexual orientation. Brophy East Swim Team will afford equal opportunity to all individuals regardless of race, creed, color, religion, gender, sexual orientation, age, national origin, physical disability or veteran status. These principles are the only acceptable way to operate our school. Harassment can occur any time during school or during school-related activities. It includes, but is not limited to, any or all of the following:

VERBAL HARASSMENT: Derogatory comments and jokes; threatening words spoken to another person;

PHYSICAL HARASSMENT: Unwanted physical touching, contact, assault, deliberate impeding or blocking movements, or any intimidating interference with normal work or movement;

VISUAL HARASSMENT: Derogatory, demeaning or inflammatory posters, cartoons, written words, drawings, gestures, etc.;

SEXUAL HARASSMENT: Includes unwelcome sexual advances, requests for sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature when any or all of the following occurs:

- a) Submission to such conduct is made either explicitly or implicitly a term or condition of an athlete's status or progress;
- b) Submission to such conduct by an athlete is used as the basis of coaching decisions affecting the individual;
- c) Such conduct has the purpose or effect of unreasonably interfering with an individual's athletic performance or of creating an intimidating, hostile, or offensive educational environment.

Specific examples of sexual harassment include, but are not limited to:

- a) Making unsolicited sexual advances and propositions;
- b) Using sexually degrading words to describe an individual or an individual's body;
- c) Displaying sexually suggestive objects or pictures;
- d) Telling inappropriate or sexually related jokes;
- e) Making reprisals, threats of reprisals, or implied threats of reprisals following a negative response to sexual advances.

It is the responsibility of Brophy East Swim Team to:

- a) Implement this policy through regular meetings with all administrators, ensuring that they understand the policy and its importance;
- b) Make all faculty members, staff, students, parents, athletes and coaches aware of this policy and the commitment of the school toward its strict enforcement;
- c) Remain watchful for conditions that create or may lead to a hostile or offensive environment;
- d) Establish practices designed to create an environment free from discrimination, intimidation, or harassment.

Harassment Policy Continued

It is the responsibility of the individual to:

- a) Conduct his or her self in a manner which contributes to a positive environment;
- b) Avoid any activity that may be considered discriminatory, intimidating, or harassing;
- c) Immediately inform anyone harassing him or her that the behavior is offensive and unwelcome;
- d) Cease discriminatory, intimidating, harassing, or unwelcome conduct once he or she has been warned of said conduct.
- e) Report all incidents of discrimination or harassment to the Head Coach immediately.

COMPLAINT FILING AND INVESTIGATION PROCEDURES

The following procedures should be followed for filing and investigating a harassment claim:

- a) The individual may first choose to tell the individual causing the harassment that his/her conduct is offensive and must stop. If the objectionable behavior does not cease immediately, the athlete must report the harassment to the Head Coach, Director of the Facility or to a member of the coaching staff who will report it to the Head Coach, or to the Facility Director if the Head Coach is the subject of the allegation.
- b) The individual alleging harassment will be asked to complete a formal, written complaint. The claim will be investigated thoroughly, involving only the necessary parties. Confidentiality will be strictly maintained.
- c) The investigation will include a meeting with the person alleged to have harassed, sharing with that person the nature of the allegations and when appropriate the name of the person bringing the allegations. If appropriate, the accused athlete(s) will be suspended and the accused adult(s) will be placed on administrative leave during the investigation.
- d) Once the facts of the case have been gathered, the Head Coach, in consultation with the Facility Director, will decide what, if any, disciplinary action is warranted. The disciplinary action will relate to the nature, context, and seriousness of the harassment and can include all disciplinary actions, including immediate suspension, dismissal or termination of employment.
- e) If the complaint is against a non-employee or non-athlete, such as a parent, volunteer or vendor, the school will take steps, within its power, to investigate and eliminate the problem.

Failure to comply with the Code of Conduct may result in, but is not necessarily limited to:

- a) The athlete not being allowed to participate in some or all team activities.
- b) The athlete being sent home. Parents will be held responsible for all necessary travel arrangements and will bear the financial responsibility of the costs incurred.
- c) Suspension from the team for a period of time or indefinitely.

Please sign below and return this portion to the office. Swimmer and Parent should keep a copy of the Code of Conduct.

Signature of Athlete: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____



BEST

BROPHY EAST SWIMTEAM

CONSENT FOR MEDICAL TREATMENT

In event of a medical emergency, the undersigned, hereby grants authorization to the designated school personnel at the Brophy Swim Club to issue first aid, to use his or her judgment in activated the emergency system and to employ any legally licensed physician or healthcare facility on behalf of the undersigned. The undersigned agrees that the personnel at the Brophy Swim Club, shall not be liable under any circumstances to anyone for exercising the forgoing authority in the event of an emergency.

I HAVE READ AND UNDERSTOOD AND I AGREE WITH THE EMERGENCY MEDICAL AUTHORIZATION AS OUTLINED ABOVE AS IT RELATES TO MYSELF OR MY CHILD.

Parent/Guardian Signature

Date

INFORMED CONSENT AND WAIVER/RELEASE

I/We, the undersigned want to participate in the Brophy Swim Club programs including, but not limited to the Brophy East Swim Team, the Masters Swim Team, the Lesson Program, Summer Camp, or Open Lap swimming. I/We realize that even with the best coaching, use of the most advanced safety equipment, and strict observance of the rules, injuries are still a possibility. On rare occasions, the injuries may be so severe as to result in total disability, paralysis, quadriplegia, or even death. I/We understand and acknowledge these risks and I/We have read this warning. With the full understanding of the facts, I/We state, that to the best of my/our knowledge, I/We, the undersigned have no medical, physical, mental or emotional health condition which would hinder or prevent my/our participation in The Brophy Swim Club programs.

I/We hereby assume full responsibility for all risks of injury or loss which may result from my/our participation in these activities and hereby agree to hold harmless, release and forever discharge Brophy's officers, agents and employees for and waive any and all claims and demands whatsoever which the undersigned and any of them or any accident, illness, injury or death of any person and persons, or damage to, loss of or destruction of any property arising or resulting directly or indirectly from my participation in the aforementioned programs and occurring during said participation or any time subsequent. The terms of this release shall serve as a release and assumption of risk for heirs, executors, administrators and me and for my family members.

I/We also understand that photos are occasionally taken at Brophy Swim Club and that any photo taken of myself may be used for Brophy's publicity purposes.

I/WE HAVE READ, UNDERSTOOD AND AGREE WITH THE INFORMED CONSENT AND RELEASE AUTHORIZATION OUTLINED ABOVE AS IT RELATES TO ME OR MY CHILD.

Parent/Guardian Signature

Date

Athlete Signature

Date



The Dottie Boreyko/Brophy Sports Campus
Brophy East Swim Team Medical History Form

Date: _____

Swimmer's Name _____

Mother's Name _____ Father's Name _____ Mother Father Both
swimmer lives with

#1 Emergency Contact Name _____ Relation _____ Phone _____

#2 Emergency Contact Name _____ Relation _____ Phone _____

#3 Emergency Contact Name _____ Relation _____ Phone _____

#4 Emergency Contact Name _____ Relation _____ Phone _____

Family Doctor _____ Phone _____ Family Dentist _____ Phone _____

Hospital Preference _____ Phone _____

Insurance Company _____ Policy Number _____ Phone _____

Medical History

Asthma	yes	no	Taking Medication	yes	no
Diabetes	yes	no	if yes explain:	_____	
Epilepsy	yes	no	Surgery	yes	no
Braces on teeth	yes	no	if yes explain:	_____	
Wears contacts	yes	no	Any allergies	yes	no
Wears glasses	yes	no	if yes explain:	_____	
Immunization Current	yes	no			

Please explain any other concerns here: _____