

Old Orchard 2 Sharks



2025 Registration Form

New Family		Returning Family	
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Swimmer's Name: _____ M/F: _____ Birth Date: _____ Age on 6/1/25: _____

Swimmer's Name: _____ M/F: _____ Birth Date: _____ Age on 6/1/25: _____

Swimmer's Name: _____ M/F: _____ Birth Date: _____ Age on 6/1/25: _____

Swimmer's Name: _____ M/F: _____ Birth Date: _____ Age on 6/1/25: _____

Swimmer's Name: _____ M/F: _____ Birth Date: _____ Age on 6/1/25: _____

Mother's Name: _____ Cell Phone: _____

Father's Name: _____ Cell Phone: _____

Address: _____

Email for team communications: _____

Additional email for team communications: _____

Emergency Contact: (other than home) _____ Phone: _____

Parent Volunteers

OO2 Swim Team is organized and run by volunteers. In order to have a fun and successful season, we request that all families chip in. We request each family volunteer 12 hours throughout the season. Every meet is "all hands on deck."

I acknowledge and agree to the Volunteer Commitment needed as a parent of a swimmer Y N

Registration Fees** (Deadline is June 7th)

**After May 22nd fee is \$150 1st 2 swimmers, \$140 for additional swimmers

Team Fee 1st two swimmers _____ @ \$125.00 ea = Subtotal: \$ _____

Additional Swimmers _____ @ \$115.00 ea = Subtotal: \$ _____

Total Team fee: \$ _____

Booster Club: Booster club is for shark pups who are not ready to be on the swim team, but would like to participate with siblings at our Swim Team social events. Booster kids will receive their own Sharks T-shirt!

Booster Sharks: Name, age, and t-shirt size:

Booster Club Shark Pups _____ @ \$30.00 ea = **Total Booster: \$ _____**

Fundraising Fee (mandatory per family) _____ @ \$40.00 ea = **Total Fundraising Fee: \$ _____**

Total Due: Team Fee: \$ _____
Booster Club: \$ _____
Fundraising Fee \$ _____ **Grand Total: \$ _____**

Paid with Zelle \$ _____ Paid with Cash \$ _____ Check # _____

PLEASE MAKE CHECK PAYABLE TO "OO2 Shark Swim Team"

*Volunteer Fee: \$ 300.00 (**Must be a SEPARATE check ONLY**) Check # _____

***Refundable upon completion of a minimum of twelve (12) hours of volunteer time, per Volunteer Policy. Please make sure that you bring your proof of residency, birth certificate (new swimmers only) and your \$300 Volunteer Fee check to the Pancake Breakfast on March 29th or the New Parent Meeting on May 22nd in the Clubhouse.**



SANTA CLARITA SWIM LEAGUE

PARENTS' CODE OF CONDUCT

- I will maintain a “Fun is No. 1” attitude.
- I will treat officials, coaches, my child(ren), their teammates, and their opponents with respect and avoid ridicule and sarcasm.
- I will praise my child(ren), their teammates, and opponents just for participating, regardless of their athletic skills.
- I will remember to look for positives with my child(ren), their teammates, and their opponents.
- I will remind my child(ren) and their teammates not to get down on themselves when things do not go well.
- I will try not to take myself too seriously when it comes to my involvement in swimming, reminding myself that this program is for the children, not the adults.
- I will emphasize teamwork in sports with my child(ren), teaching them to think “we” instead of “me.”
- I will teach my child(ren) by giving them a good example of sportsmanship by demonstrating positive support for all swimmers, coaches, and officials at every meet and practice.
- I will abide by LA County Department of Public Health protocols and guidelines and/or Santa Clarita Swim League guidelines.

Winning without gloating

Losing without complaining

It is imperative that parents/caregivers and guests of swimmers conduct themselves in a proper manner. Use of profanity, verbal, or physical harassment towards officials, staff, coaches, or swimmers, will not be permitted. I understand that failure to abide by the above code of conduct may result in being asked to leave the premises, and possible exclusion from attendance at future meets.

Parent's Signature _____ Date _____

2025 Sharks Volunteer Policy

The Shark Swim Team is organized and run by volunteers, which are the backbone of our team. Parental involvement is one of the keys to a successful season and is a great way to emulate how to work together to achieve a common goal. We really need the support of all of our amazing families. We ask for “all hands on deck” to have a successful season.

We will be using Team Snap for the meets and social events, which will be accessed by a link through our website and email notifications. Our volunteer coordinators will be at the meets with the line-up of volunteers, if you have any questions. If you are interested in a more involved role, please feel free to reach out to the team managers to express your interest!

As part of your swimmer’s registration, we will be collecting a check for \$300 that we will hold onto. If you complete your 12 hours of volunteer work, your check will be returned to you.

If 12 hours of volunteer time is unattainable for your family, please reach out to discuss your situation with the Volunteer Coordinator or Team Managers.

2025 Volunteer Policy

We ask that we work as a team to get all the jobs fulfilled so we can have a successful meet for our kiddos. If you have a strength or a desire to do a job that best fits you please go for it. We ask to please try new things and get out of your comfort zone so we spread the love to all needed areas. Sometimes things change at the last minute the morning of meets so we may need to switch your volunteer role or ask you to jump in at meets, so flexibility is appreciated!

We need:

1. 12 hours minimum to have your volunteer fee returned
2. 2 of your volunteer hours must be done at our Championship meet and/or Award Banquet. This is a big day for everyone so we need all the help we can get.
3. If you are new to a position, please arrive a few minutes early to get the low down. We are happy to help and show you the ropes.

When signing up, please ensure that you are not committing yourself by selecting two positions that require your presence at the same time. However, family members are welcome to assist in different roles simultaneously. Please note that certain volunteer positions may require participants to be 16 years of age or older. Parent’s

Signature _____ Date _____

Photograph Release for Minors and Adults

I/We being the Parent/Guardian of the _____ family hereby consent that our names, images and likenesses, as shown in the videotapes, photographs, or electronic images may be used by the Old Orchard II Shark Swim Team to publicize or promote the Old Orchard II Shark Swim Team. Furthermore, I hereby consent that such photographs, films, recording, electronic images and the plates, tapes and or software for which they are made shall be their sole property and they shall have the right to use, modify, duplicate and publish such photographs, films recording electronic images, plates, tapes and software to publicize and/or promote the Old Orchard II Shark Swim Team, free and clear of any claim whatsoever on my part.

In witness of this I have signed and agreed to this release: Name of Family Members:

Signature of Parent/Guardian _____ Date _____

Consent for Medical Treatment, HOA Verification & Refund Information

I declare that I am the parent or guardian of the named swimmer(s), a legal resident within the OOH Homeowners Association, have read and understand the "team rules" for the 2025 swim season, and will abide by the rules of the "Old Orchard 2 Shark Swim Team" in effect for the 2025 season. I understand and agree that no refunds of registration are offered. If your swimmer does not qualify for the team based on water safety and basic swim skills by June 7th, 80% of your registration will be refunded. Further, I consent that the adult manager, director, coach, or other official of the Old Orchard II Shark Swim Team may obtain medical care for the above named swimmer(s) from any licensed physician, hospital, or medical clinic, when I or other parent or legal guardian cannot be contacted in person or by telephone for said care. A copy of this consent may be used in lieu of an original.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct and executed at the city of Santa Clarita, county of Los Angeles, California.

Dated: _____ Signature: _____

Printed Name: _____ Parent *Guardian (Circle one) *A legal guardianship may be substituted for a parent. You must attach a copy of the court order that establishes legal guardianship of the above-mentioned minor(s).

SANTA CLARITA SWIM LEAGUE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

Volunteer Participation

1. I, _____ the parents/legal guardian of _____ acknowledge that I have voluntarily applied to the Santa Clarita Swim League to allow my child to participate in the Old Orchard I Swim Team, Old Orchard II Swim Team, or Valencia Hills Swim Team, or Valencia Summit Swim Team (each individually and collectively, the "Santa Clarita Swim League").

Assumption of Risk

2. I AM VOLUNTARILY PERMITTING MY CHILD TO PARTICIPATE IN THESE ACTIVITIES WITH THE KNOWLEDGE OF THE POTENTIAL DANGER INVOLVED. I HEREBY AGREE TO ACCEPT ANY AND ALL RISKS OF INJURY OR DEATH, AND VERIFY THIS STATEMENT BY PLACING MY INITIALS HERE _____.

Release and Waiver

3. In consideration for being permitted by the Old Orchard I Homeowners Association, Old Orchard II Homeowners Association, Valencia Hills Homeowners Association, Valencia Summit Homeowners Association or the Summit Seals Swim Team (individually the "Association" or collectively the "Associations") or one of their affiliated organizations to participate in these activities and use their facilities, I hereby agree that I, my assignees, heirs, distributes, guardians, and legal representatives will not make a claim against, sue, or attach the property or assets of the Associations, any of their affiliated organizations, their agents, employees, volunteers, or management companies for injury or death resulting from the negligence or other acts, howsoever caused, by any employee, agent, contractor or volunteer of any Association or any of its affiliated organizations as a result of my child's participation in the Santa Clarita Swim League. I hereby release the Associations, their affiliated organizations, employees, agents, contractors or volunteers from all legal actions, claims, or demands that I, my assignees, heirs, distributes, guardians, and legal representatives now have or may hereafter have for injury or death resulting from my child's participation in the Santa Clarita Swim League.

Indemnification

4. I HEREBY AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS the Associations, their affiliated organizations, employees, agents, contractors or volunteers, and each of them from any loss, liability, damages, attorney's fees or costs they may incur due to my child's participation in the Santa Clarita Swim League, and whether caused by the negligence of any Association, its affiliated organizations, employees, agents, contractors or volunteers.

Knowing and Voluntary Execution

5. I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT BETWEEN MYSELF AND THE SANTA CLARITA SWIM LEAGUE, OLD ORCHARD I HOMEOWNERS ASSOCIATION, OLD ORCHARD II HOMEOWNERS ASSOCIATION, VALENCIA HILLS HOMEOWNERS ASSOCIATION, AND VALENCIA SUMMIT HOA ASSOCIATION, OR VALENCIA SUMMIT SEALS SWIM TEAM AND/OR THEIR AFFILIATED ORGANIZATIONS AND SIGN IT OF MY OWN FREE WILL. I FURTHER AGREE THAT NO ORAL REPRESENTATION, STATEMENT OR INDUCEMENTS APART FROM THE FOREGOING WRITTEN AGREEMENT HAVE BEEN MADE. Executed at Santa Clarita, California on _____, 20_____

SIGNATURE OF RELEASOR/PARENT/LEGAL GUARDIAN DATE

SIGNATURE OF WITNESS DATE

Sharks Swim Team

FAMILY CODE OF CONDUCT

- I will follow ALL HOA rules during all swim team events.
- I will treat lifeguards, coaches, my child(ren), their teammates and all parents, pool staff and volunteers with respect and avoid ridicule, sarcasm, threats, hurtful comments, or general negative behavior.
- I will maintain a positive attitude towards my child(ren), their teammates, and opponents at all times.
- I will remember to look for positives with coaches, parents, pool staff, and volunteers.
- I will remember that Sharks is meant to be a fun, community building organization.
- I will remember this is a TEAM and help my children follow through with the commitment they have made to attend meets and participate in relays.
- I will abide by LA County Department of Public Health protocols and guidelines, HOA rules and/or Santa Clarita Swim League guidelines.

“ Win or Lose, Do it Fairly”

*“A successful team beats with
one heart”*

It is imperative that parents conduct themselves in a proper manner. Use of profanity, verbal, or physical harassment towards staff, coaches, swimmers, parents, or anyone else will not be permitted. I understand that failure to abide by the above code of conduct may result in parents being asked to leave the premises, possible exclusion from future meets, possible removal from remaining Sharks season without any refund, and possible denial to register for future Sharks seasons.

Parent's
Signature _____ Date _____



Sharks Swimmer Code of Conduct:

- I will respect and show courtesy to all my teammates and coaches at all times.**
- I will demonstrate good sportsmanship at all practices and meets.**
- I will show respect and follow rules at the HOA clubhouse and pool. And respect the lifeguards on duty at all times.**
- I will be the best Shark swimmer I can be!**

Swimmer Signature: _____ **Date:** _____

Parent Signature: _____ **Date:** _____