



CHECK OFF-LIST

STUDENT'S NAME _____

SCHOOL: _____

PARENTS NAMES _____

_____ *Student-Parent Information Sheet / Photo Release*

_____ *Student / Parent Expectation Form Signed and Submitted*

_____ *Sports Physical Forms Submitted*

_____ *Volunteer Form Signed and Submitted*

_____ *Booster Club Form Signed and Submitted*



IMPORTANT DATES

PRACTICES:

Mondays- Thursdays 3:00 to 4:30 PM
Stretch and exercise 3:00-3:15 in water at 3:20
Thursday Morning 5:45am- 6:45am

Student Swimmers are required to practice during **AT LEAST THREE** practices per week; Schedule & requirements may change during the holiday season.

SWIM MEETS: *: time may change

November 3 (Friday) @ CCAC 4:00 warm-up, 5:00pm start
November 11 (Friday) @ CCAC 3:00 warm-up, 4:00pm start *
December 8 @ CCAC 3:00 warm-up, 4:00pm start *
January 5 (Friday) @ CCAC 3:00 warm-up, 4:00pm start *
January 20 @ CCAC 9:00 warm-up, 10:00am start
January 25 (Thursday) @ CCAC 3:00 warm-up, 4:00pm start*
February 1-3 GHSA State Championships at Ga Tech

ORDERING SUITS:

1. Go to www.gearupandswim.com
2. click on teams on the left side of the screen
3. username is **Savannah**
4. password is **1234**
5. Put the swimmer's name in the comment section.



STUDENT-PARENT INFORMATION SHEET

(Please Print legibility)

STUDENT SWIMMER'S NAME _____

SCHOOL: _____

GRADE: _____ DATE OF BIRTH: _____ / _____ / _____

HOME ADDRESS: _____

CITY _____ STATE _____ ZIP _____

PHONE:

HOME: _____

CELL: _____

E-MAIL ADDRESS: _____

PARENTS' NAME: _____

HOME ADDRESS: (if different from Student's):

CITY _____ STATE _____ ZIP _____

PHONE:

HOME: _____

CELL: _____

E-MAIL ADDRESS: _____

PHOTO RELEASE: I hereby release and give permission for my student / child to be photographed and/or videotaped as a member of the SCCPSS swim team. (high school yearbooks, media coverage at events, year-end video, etc)

Parent signature _____



EXPECTATIONS FOR A SUCCESSFUL SWIM SEASON

It is the belief that athletics offer beneficial values to participants and teach them sportsmanship, self-discipline, and prepare students mentally, physically, emotionally, and spiritually to meet the challenges of life. The coaching method for the SCCPSS Swim Team is positive with an emphasis on the players being good sports, working together as vital members of a team, building positive self-image, learning the specific athletic skills involved in the sport, and having a good time.

STUDENTS:

All swim team members are expected to:

- Behave in a mature manner and conduct themselves appropriately at all times.
- Be respectful of the coaches, swim officials, team members, visiting team members and visiting coaches.
- Abide by all pool rules and regulations regarding safety.
- Be on time for practice and ready to swim at the scheduled practice time
- Attend **AT LEAST THREE** regularly sanctioned swim practices each week during the swim season.
- In the event of illness that prevents attendance at practices, contact the coach(es).
- Be passing all classes to participate in swim meets.

I agree to the above-mentioned expectations as a member of the SCCPSS Swim Team:

(Student Signature) _____

PARENTS:

All swim parents are expected to:

- Behave in a mature manner and conduct themselves appropriately at all times.
- Be respectful of all coaches, swim officials, team members, visiting teams, visiting team members and their coaches.
- Volunteer for **AT LEAST ONE** of the SCCPSS swim meets. (See volunteer opportunities)
- Consider financial support of the team through the SCCPSS Swim Team Booster Club

I agree to the above-mentioned expectations as a parent of a SCCPSS swim team member:

(Parent Signature) _____

Parents/Students receive school community service credit for volunteering at SCCPSS Swim meets.



SPORTS PHYSICAL REQUIREMENTS

Each student must present a CURRENT sports physical release signed by a physician or physician assistant.

Forms completed for last academic school year are not valid.

This form must be completed and signed prior to the first day of swim practice on October 16, 2017; Students will NOT be allowed to practice with the team until this form is completed, signed off by a physician and submitted to your school's Athletic Director.

Necessary forms may be downloaded from the SCCPSS website: www.SCCPSS.com



PARENTAL VOLUNTEER OPPORTUNITIES

It only through the help of parent volunteers that the SCCPSS Swim Team is able to host a successful swim meet. Volunteer opportunities at each event include timers, head timers, runners and concession volunteers. It is hoped that each parent will volunteer for at least one of the following three SCCPSS Swim meets. These hours count toward fulfillment of necessary parent hours for school volunteer hours.

PARENT: _____

STUDENT(S): _____

SCHOOL(S): _____

I, _____, agree to volunteer at the following SCCPSS Swim Meet(s):

1.) November 3, 2017 (please circle)

a.) Timer (18)

b.) Runner (2)

c.) Concessions (3)

2.) January 20, 2018

a.) Timer (18)

b.) Runner

c.) Concessions (3)

_____ I choose not to, or am unable to, participate as a parent volunteer.

(Parent Signature) _____

Parents/Students receive school community service credit for volunteering at SCCPSS Swim meets.