



**TOPS**  
YMCA Swim Team



## **New Athlete Registration Instructions** **Short Course 2011 - 2012 (Sept 2011 - March 2012)**

Welcome all new and prospective TOPS Athletes and Families. This document will walk you through our registration process and provide all other necessary information about our program. If you have any further questions, please contact the team office by calling 708-434-0222, or email Head Coach George Adcock ([gadcock@westcookymca.org](mailto:gadcock@westcookymca.org)).

### **Learning about and joining TOPS/YMCA Swim Team**

**Step 1:** Read through our New Family Registration Packet and look at our website [www.TOPSwim.org](http://www.TOPSwim.org) under the *Team Information* link for practice group descriptions, practice schedules, meet schedules and equipment order forms.

**Step 2:** Attend a New Athlete Tryout night at the YMCA from 5-7pm on September 12th and or 14<sup>th</sup> 2011. If you can't attend on either of those dates, contact the team office to schedule another appointment. Depending on space availability in our practice groups you may be offered a spot at the tryout, or will be put on a waiting list.

**Step 3:** Please make sure your child has a current YMCA membership by stopping by the YMCA's Membership Services Desk. Membership is required before registering with TOPS, and all TOPS participants must have current YMCA membership throughout the season. The only exceptions are the offered non-member rates for our Tiny TOPS.

**Step 4:** Once your child has been placed into a practice group, please fill out the TOPS 2011 Registration Packet that includes Registration Form and Medical Release Form. Be sure to read all included information and sign the necessary waivers and agreements. You may attach a single check or complete credit card information at the bottom of the Registration Form.

**Contact Information:** If you have any further questions, please email us at [gadcock@westcookymca.org](mailto:gadcock@westcookymca.org) or call the TOPS swim team office at 708-434-0222. Please drop off your completed registration packet at the West Cook YMCA desk, or mail to:

**TOPS YMCA Swim Team**  
**255 S Marion Street**  
**Oak Park, IL 60302**

Welcome to TOPS! Our main team communication is through email and our team website ([www.topswim.org](http://www.topswim.org)). The website contains information about practice schedules, meet information and team events. Please make sure you keep our office up to date on any changes to your email address and phone numbers. We hope you enjoy your time with our swim team family!



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YMCA Swim Team



## TEAM FEES

### Short Course 2011 - 2012

#### Training Fees:

Training Squad	Training Fee	Full Pay 5% Discount	Monthly Bill Option Sept/Oct - Feb	Billing Begins:	IHSA Discount 30%	IHSA Billing (6 months)
Seniors	\$1,000	\$950.00	\$166.67	Sept	\$700.00	\$116.67
Gold	\$850	\$807.50	\$141.67	Sept		
Silver	\$725	\$688.75	\$120.83	Sept		
Bronze	\$580	\$551.00	\$116.00	Oct		
Yellow	\$475	\$451.25	\$95.00	Oct		
Red	\$475	\$451.25	\$95.00	Oct		
Tiny-Tops	\$350 YMCA Mbr \$450 YMCA Non-Mbr	\$332 YMCA Mbr \$427 YMCA Non-Mbr	70 YMCA Mbr \$90 YMCA Non-Mbr	Oct		

#### Additional Required Fees:

**West Cook YMCA Membership:** All TOPS swimmers, excluding Tiny TOPS, and High School, must have a current YMCA membership. Please see a YMCA Member Service representative for current rates and to apply.

**ISI Registration Fee:** \$60-This is required for all groups excluding Tiny Tops. Any questions regarding this fee please contact the office 708-434-0222 [gschmidt@westccokymca.org](mailto:gschmidt@westccokymca.org). This will be automatically assigned as a registration fee when enrolled into a training squad.

**Meet Escrow Min Balance:** \$30 per swimmer for Tiny Tops  
 \$60 per swimmer for Red and Yellow Groups  
 \$100 per swimmer for Bronze through Seniors

Escrow Balances will be added to your YMCA account and can be paid online. Balances will now be accounted to a family not an individual. These will be available mid August.. Accounts will be updated in December, as well as the end of the season to minimize outstanding balances.

**Team Apparel:** TOPS gear and equipment can be purchased using the team order form. Please review minimum required equipment list (p4) for each training group before placing your order. Contact Dana Connell with questions or to schedule a time for a suit fitting, [dconnell@colum.edu](mailto:dconnell@colum.edu). All orders will be shipped in bulk and be delivered to practice. **DEADLINE IS APRIL 29th**. Additional orders for suits, goggles, and fins, after the initial deadline, can be placed online at [www.all-americanaquatics.com](http://www.all-americanaquatics.com) or by calling 1-800-910-SWIM (7946).

#### Payment Options:

**Full Payment:** Full payment of the Season Fee, ISI Registration Fee, and Meet Escrow Balance can be paid at time of registration by check, debit card or credit card. Cards excepted are VISA, MasterCard, and Discover. Swimmers paying all of their fees upfront will be given a 5% discount off their season Training Fees (no discounts available for ISI Registration or Escrow).

**Monthly Billing Option (for full season only):** The YMCA offers a monthly billing option for Training Fees. If you choose this option, your TOPS training squad fees can be paid in equal monthly payments according to the table above. Families choosing this option will be automatically charged each month and must have a credit card on file. All other fees (i.e. ISI Registration, Meet Escrow, Work Escrow) must be paid at registration.

**Scholarships:** The West Cook YMCA will not turn anyone away for financial reasons. Scholarships are available on a need basis. Applications are available from the front desk at the YMCA. Last year the West Cook YMCA provided scholarships to over 1,100 individuals. Scholarships apply to TOPS Training Fees only.

**Refund Policy:** There will be no refunds for Season Fees after the first two weeks of practice from the official start time of the swimmer's respective season. ISI Registration Fees are non-refundable. West Cook YMCA membership dues are subject to the policy of the YMCA.



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## VOLUNTEER REQUIREMENTS

Short Course 2011 - 2012

Like any other non-profit organization, TOPS relies heavily on volunteers to achieve its goals. In the process of volunteering, you not only fill an essential role in developing a successful team but you gain an opportunity to develop important friendships, have fun, and learn first hand about the sport your athlete is involved with.

This fall/winter, while we encourage *all* parents to volunteer, there will be no formal volunteer requirement for Tiny Tops and parents of *first year* Red and Yellow Swimmers. For the parents of all returning Red and Yellow swimmers as well as all parents of Bronze, Silver, Gold and National swimmers, the following stipulates the volunteer requirements for the 2011/2012 Short Course season:

**A \$100 work escrow per family is due at the time of registration.**

You will be asked to earn a *minimum* of 10 work credits during the season. For each work credit that your family earns (up to 10 per family) you will earn \$10 toward next season's work escrow, or as a cash refund at the end of the season should your swimmer leave the team.

At swim meets, work credits will be earned based on the job that is done. 'A' jobs will earn 5 work credits per session, 'B' jobs will earn 4 credits per session, and 'C' jobs will earn 3 credits per session. To earn work credits, a volunteer must be 16 years or older and must not be a participant in the swim meet.

### 'A' JOBS

Computer Operator  
Certified Meet Official

### 'B' JOBS

Announcer  
Bull Pen  
Clock Operator  
Head Timer  
Results Verification

### 'C' JOBS

Admissions  
Clean-up  
Concessions/Hospitality  
Lane Timer (at home meets or away)  
Positive Check-In/Heat Sheet Copying  
Results Input  
Ribbons/Results Posting  
Runner  
Set-up  
Volunteer Monitor

**Due to the importance of the Claire Statton, which we will host on January 27-29th, each volunteer for that meet will be given 1 bonus work credit for each session worked.**

Swim meets require many bodies to be run smoothly and successfully. However, we realize there are other ways to promote the success of the swim team. Such "unclassified" opportunities may relate to:

- Becoming certified as either a YMCA or USA Swimming official.
- Fundraising
- Social Activities
- Publicity
- WEB Development

### **Call for OFFICIALS**

Currently, TOPS has only 3 USA Certified Officials. We need officials to help run high quality meets with fair judging. With over 250 swimmers on our team, we should have at least 10-15 Certified Officials to work meets. Contact Joe Connell ([jconnell@envgroup.com](mailto:jconnell@envgroup.com)) to find

If you have a skill or an idea that you would like to offer, please contact any PAC member. Work credits for "unclassified" jobs will be determined by the PAC.

**Please check the appropriate box on the Registration Form to indicate that you have read, understand and agree to being subject to the Volunteer Requirements.**



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**PRACTICE SCHEDULES & EQUIPMENT**

Short Course 2011 - 2012

**Season Start Dates:**

September 12, 2011 - Bronze, Silver, Gold, and National

September 19, 2011 - Tiny TOPS, Red, and Yellow

**Spring Schedule**

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<b>Tiny Tops</b>		5-6 pm @ YMCA		5-6 pm @ YMCA		
<b>Red</b>	5-6 pm @ YMCA		5-6 pm @ YMCA		5-6 pm @ YMCA	
<b>Yellow</b>	6-7 pm @ YMCA		6-7 pm @ YMCA		6-7 pm @ YMCA	

**Squads Training at OPRF High School**

Bronze, Silver, Gold & National - will be notified of weekly schedule as soon as it is available.

**Required Equipment Lists**

**Tiny TOPS**

TOPS T-shirt  
Team Suit  
Team Cap x2  
Goggles – 2 pair

**Red and Yellow**

TOPS T-shirt  
Team Suit  
Team Cap x2  
Goggles – 2 pair

**Bronze**

TOPS T-shirt  
Team Suit  
Team Cap x2  
Goggles – 2 pair  
Water bottle  
Rubber Training Fins  
Mesh Equipment Bag  
Tennis Shoes (Dryland)

**Silver/Gold/National**

TOPS T-shirt  
Team Suit  
Team Cap x2  
Goggles – 2 pair  
Water bottle  
Rubber Training Fins  
Finis Front Mount Snorkel  
Tennis Shoes (Dryland)



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## REGISTRATION FORM Short Course 2011 - 2012

**ATHLETE DATA (Please print):**

Last Name	First Name	M.I.	DOB	Age	Sex (M/F)	Training Group
#1 _____	_____	_____	____/____/____	_____	_____	_____
#2 _____	_____	_____	____/____/____	_____	_____	_____
#3 _____	_____	_____	____/____/____	_____	_____	_____

**PRIMARY GUARDIAN Information:**

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Parent 1 Email: \_\_\_\_\_ Parent 2 Email: \_\_\_\_\_ Parent Occupation: \_\_\_\_\_

Athlete 1 Email: \_\_\_\_\_ Athlete 2 Email: \_\_\_\_\_ Athlete 3 Email: \_\_\_\_\_

**\*\*Please make sure to provide current email addresses. Email is our primary method of communication**

<input type="checkbox"/> Monthly Billing Option	<input type="checkbox"/> Full Pay Option			
Swimming Fees	Athlete #1	Athlete #2	Athlete #3	Total
Training Fee	*Leave Blank for Monthly Billing			
	+	+	+	
5% Discount if paying full amount at registration OR 30% discount for Gold & National if in a spring HS sport	- (_____)	- (_____)	- (_____)	
	= _____	= _____	= _____	
2011 ISI Registration -- \$60 <b>**Renewed every fall**</b>	\$60	\$60	\$60	
Meet Escrow (TT-\$30, \$60-Red & Black, \$100 Bronze & higher)  *Returning swimmers pay escrow balance online at www.WestCookYMCA.org or contact TOPS Office for balance due.	+	+	+	
Work Escrow (per family) (not required of Tiny Tops, NEW Red and Black swimmers, and returning families that met volunteer requirement)	<input type="checkbox"/> YES! We will volunteer at TOPS Meets / Functions	<input type="checkbox"/> No, we are unable to volunteer and will pay work escrow.		
		+		
<b>Total</b> (checks payable to TOPS)	_____	_____	_____	_____

Parent/Guardian certifies that the applicant(s) is(are) physically able to participate in a competitive swimming program, and parent/guardian is in agreement with the rules governing the program, including rules pertaining to personal behavior and conduct of the swimmer(s). Parent/guardian understands that swimmers dismissed as a result of rules violations are not entitled to fee refunds.

**Parent/guardian**

signature \_\_\_\_\_ Date \_\_\_\_\_

Credit Card # \_\_\_\_\_ Exp. \_\_\_\_ / \_\_\_\_

Street Address (if different from above) \_\_\_\_\_ Zip Code \_\_\_\_\_

Name on Card \_\_\_\_\_ Signature \_\_\_\_\_

**Admin Use Only:**

- \_\_\_ Y Member
- \_\_\_ TM
- \_\_\_ BM
- \_\_\_ CC
- \_\_\_ Daxko
- \_\_\_ CHK \_\_\_ CC \_\_\_ Cash
- \_\_\_ MB



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This health history form is correct so far as I know and the person herein described has permission to engage in all swim team activities except as noted. EMERGENCY AUTHORIZATION: I hereby give permission to the medical personnel selected by the West Cook YMCA to order X-rays, routine tests and treatment for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the West Cook YMCA to hospitalize, secure proper treatment for, and to order injections and/or surgery for my child as named above. This form may be photocopied for use of out of the YMCA.

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

**- Detailed instructions can be found at [www.TOPSwim.org](http://www.TOPSwim.org)**

**Athlete Information:**

	First Name	Last Name	DOB	Training Group
Athlete #1	_____	_____	_____	_____
Athlete #2	_____	_____	_____	_____
Athlete #3	_____	_____	_____	_____

**Parent/Guardian Emergency Information:**

Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Address \_\_\_\_\_  
Street & Number \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**If not available in an emergency, notify:**

Name (relation) \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_  
Street & Number \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Health History:**

Frequent Ear Infections	_____	Mononucleosis	_____	<b>Allergies:</b>	
Heart Defect/Disease	_____	Chicken Pox	_____	Hay Fever	_____
Convulsions	_____	Measles	_____	Poison Ivy	_____
Diabetes	_____	Mumps	_____	Penicillin	_____
Hypertension	_____	Epilepsy	_____	Other Drugs	_____
Asthma	_____			Bee Stings	_____

Operations or serious injuries (dates): \_\_\_\_\_

Disability or chronic reoccurring illness: \_\_\_\_\_

Any specific activities to be encouraged or limited by physician's advice: \_\_\_\_\_

Dietary modifications: \_\_\_\_\_

Current medications: \_\_\_\_\_

Name of dentist/orthodontist: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Do you carry family medical/hospital insurance? \_\_\_\_\_ If so, indicate:

Carrier \_\_\_\_\_ Policy or Group # \_\_\_\_\_