

Dear Tigersharks,

After much discussion and research we are planning to offer a modified and limited summer program to get our more serious swimmers back in the water this summer. We've contracted with LifeCenter Plus to use their outdoor pool in the evenings this summer. We believe an outdoor facility will offer added safety benefits in addition to the safety protocols we are putting in place during the pandemic. In accordance with current state/local requirements, USA swimming guidelines, and careful research and consideration our team has come up with an initial practice schedule and safety protocols. We are taking a conservative approach in order to try to provide as safe a practice environment as possible. However, in the current situation there are always risks. So we understand if you'd prefer to wait to rejoin us until later. Each family should do what is in their best interest.

Due to social distancing consideration our availability will be limited, at least initially. To begin we will only have 2 swimmers per lane, one on each end, unless we can pair a swimmer up with a sibling of similar ability level who reside in the same home. In the case of siblings, they can share a lane at the same side of the pool thus increasing the number of swimmers who can occupy a lane while still meeting the social distancing requirements. All swimmers will be assigned a lane and practice group and must stay in that group/lane unless otherwise instructed by a coach.

We will take registrations on a first come first served basis. Waiting lists will be formed if spaces fill up, and we will do everything we can to accommodate the waiting list swimmers as additional facilities open, or social distancing requirements are lessened.

Our plan to return to the water depends on everyone's (athletes, parents, and staff) cooperation and adherence to safety protocols. Coaches, swimmers and family members will be required to follow social distancing guidelines both in and out of the pool. The coaches and board reserve the right to remove swimmers from practices/suspend membership to CFYN if the protocols are not being followed. We must work together to keep everyone safe, healthy, and in the water. Practice policies may need to evolve as the season progresses due to changes in recommendations from local authorities, USA swimming, or our facilities. We ask that you be patient as we work our way through these changes.

Coaches will have the sole discretion over which group swimmers will participate in. Consistency in groupings and adherence to all safety protocols will be of the utmost importance during this time.

Finally, for the safety of both you and our volunteers all registration and payments will be done on-line. Priority registration will be given to those swimmers who competed in the CFYN Fall short course program and fulfilled all of their team obligations, including family volunteer requirements. If any program should reach capacity we will form a waiting list with the same considerations for priority. Please keep in mind this program is intended for serious swimmers looking to continue their training, and not necessarily for casual swimmers only looking to replace their rec season. Due to limited space we request that if you are participating in other athletics/swimming this summer or if you cannot commit to consistent practice attendance, you please delay registration submission until June 10th to allow more serious swimmers without those opportunities to register first. We will do everything we can to accommodate as many swimmers as possible within the safety guidelines.

Thanks,

Keith Turnbull

CFYN Tigershark Booster Club President

June 15 – August 14th (dates subject to change)

Group	Mon	Tues	Wed	Thurs.	Friday
High School \$225*	8:00-9:00 pm	8:00-9:00 pm	8:00-9:00 pm	8:00-9:00 pm	Off
Senior & High School \$175*	7:00-8:00 pm	Off	7:00-8:00 pm	Off	8:00-9:00 pm
Junior/Gold \$175*	Off	7:00-8:00 pm	Off	7:00-8:00 pm	7:00-8:00 pm

***This fee does not include USA Swimming membership. If you do not have a current membership an additional fee will be required. Fee options are outlined on the USA form. New this year for those choosing a premium membership, your membership will last until 12/31/2021.**

Safety Protocols:

- When parking at Life Center, please park behind the building and leave spaces between vehicles when possible.
- Swimmers will only be permitted to enter the pool area after they are checked in by a coach outside of the pool area. Please stay in your car until the coach arrives to check you in. Once the coach has arrived, swimmers may exit their cars with facemasks on, and wait in line spaced at least 6 feet apart.
- Athletes must leave Life Center Pool immediately after practice. No locker room facilities will be available. Please gather your belongings, put your facemask on, and exit the pool and head directly to your car. No loitering after practice will be permitted.
- Parents/spectators will not be allowed in the pool area at any time (unless specifically requested by a coach) and are expected to practice social distancing when waiting for their swimmer. We recommend waiting in your car. If you would like to pick up/drop off your child at the doors, you must practice social distancing.
- Athletes should arrive with their suits on ready to swim, they will also leave practice in their suits. Changing is prohibited at this time.
- Athletes will have their temperature checked upon arrival and will not be permitted to enter should they show signs of a fever of 100.4F or higher or at the discretion of the coaches based on any symptoms they observe.
- Restroom breaks will be limited to only one at a time and should be avoided if possible.

- Swimmers will be assigned areas on deck to keep their belongings, upon entering the pool they should report to those spaces and wait for instruction from their coach. Swimmers will be assigned a specific spot in a specific lane and must stay in that assignment lane unless otherwise directed by a coach.
- Swimmers should bring their own water bottles already filled, and clearly marked with their name
- Swimmers should bring their own equipment clearly labeled with their names and should not share equipment with other swimmers.
- Coaches will be wearing PPE masks. We request athletes and anyone else in or around the practice facility to do the same. Swimmers will wear their mask until they enter the water and put the mask on after practice.
- Swimmers will be socially distanced in the pool lanes, including starting on opposite ends. The only exception to this rule will be for siblings who reside in the same home.
- Any swimmer or coach experiencing any symptoms of a fever (100.4°F or higher), recent cough, unusual fatigue, headache or has had any exposure to someone who has any symptoms, (which includes family and friends) should remain at home and seek medical treatment. If any swimmer or coach does have a fever or symptoms of illnesses, they may not attend a practice until 14 days after the fever or symptoms has ceased. Athletes and staff must see a physician and be cleared for training after being diagnosed or suspected to have COVID-19.
- For us all to stay healthy and be able to keep swimming, we ask our swimmer and coaches practice responsible social distancing when they are away from the pool as well.
- Swimmers and families who travel by air, or to an area deemed high risk by the staff, will need to self-isolate for 14 days before returning to practice.
- CFYN and Life center staff will work to disinfect surfaces between practices and we request your patience while this process occurs. Practice times may need to be adjusted slightly to ensure everything is sanitized properly between practices.

Swimmers and family members found to not be adhering to proper safety procedures maybe removed from practices at any time at the discretion of the coaches and board.

POSITIVE TEST PROCEDURE

Should someone test positive in our membership the following measures will take place:

1. The individual should let Coach Ryan know immediately.
2. The individual or individuals swimming on either side of that swimmer will be expected to self-quarantine for 14 day and/or receive a negative COVID-19 Test [this is why we will be strict with our lane assignments and attendance tracking throughout the season].
3. We will notify the facility and follow all of their protocols and requirements for sanitation.

CFYN's practice policies will continue to evolve with the guidance of the State, CDC, and USA Swimming to provide the safest practices possible during this difficult time.

PLEASE ALSO REVIEW THE IMPORTANT INFORMATION AND RESOURCES BELOW REGARDING COVID19 VIRUS:

<https://www.cdc.gov/coronavirus/2019-nCoV/index.html>

**2020 CFYN SUMMER PROGRAM
REGISTRATION AND EMERGENCY MEDICAL FORM**

Last Name: _____ First Name: _____ MI _____

Address: _____ City: _____ Zip: _____

Age: _____ Birth Date: ____/____/____ Gender _____ Grade Level in 20/21 _____

Did you swim for Tigersharks in the 2019/2020 short course season? (circle) Yes No

If yes, what practice group were you in? (circle one)

High School Senior Junior Gold Black Beginner

Please submit this completed form by email to Registration@cfyntigersharks.com No in person registrations will be taken. Coaches will assign your swimmer to a summer practice group and an email with your group assignment and an invoice will be sent to you for an on-line payment. All escrow accounts must be paid in full prior to registration. If there are any outstanding escrow fees they will be added to your invoice. No Refunds be given for missed practices, weather cancellations, vacations etc...

Parent/Guardian Information:

Mother's Name: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Father's Name: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Primary e-Mail: _____ Secondary e-mail: _____

Emergency Information:

Emergency Contact: _____ Phone: _____

Physician's Name: _____ Phone: _____

Preferred Hospital Name: _____ Phone: _____

List any medical conditions/medications: _____

LIABILITY WAIVER AND CONSENT FOR MEDICAL TREATMENT

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by above named doctors or in the event the designated preferred practitioner is not available, by another licensed physician or dentist and (2) the transfer of the child to any hospital reasonable accessible. The authorization does not cover major surgery, unless the medical opinions of two licensed doctors or dentists, concurring in the necessary for such surgery are obtained prior to the performance of such surgery. Please list facts concerning the child's medical history including allergies, medications being taken, and any physical impairment to which a physician should be alerted .

Club Official Use Only

☐ Total fees owed _____

☐ Escrow fees _____

Total Received: _____

Practice Group Assignment _____

(Signature of Parent/Guardian)

(Date)



PLEASE PRINT LEGIBLY • COMPLETE ALL INFORMATION:

LAST NAME

LEGAL FIRST NAME

MIDDLE NAME

PREFERRED NAME

DATE OF BIRTH (MO/DAY/YR)

SEX (M/F)

AGE

CLUB CODE

NAME OF CLUB YOU REPRESENT

(Bill, Beth, Scooter, Liz, Bobby)

If not affiliated with a club, enter "Unattached"

NOTE: If you are 18 years of age or older, you are required to abide by to the Minor Athlete Abuse Prevention Policy. In addition, in order to be a member in good standing you must complete the Athlete Protection Training. The training can be accessed at www.usaswimming.org/apt

GUARDIAN #1 LAST NAME

GUARDIAN #1 FIRST NAME

GUARDIAN #2 LAST NAME

GUARDIAN #2 FIRST NAME

MAILING ADDRESS

CITY

STATE

ZIP CODE

AREA CODE

TELEPHONE NO.

FAMILY/HOUSEHOLD EMAIL ADDRESS

MEMBERS'S EMAIL ADDRESS

U.S. CITIZEN: ☐ YES ☐ NOARE YOU A MEMBER OF ANOTHER
FINA FEDERATION? ☐ YES ☐ NO

IF YES, WHICH FEDERATION:

HAVE YOU REPRESENTED THAT
FEDERATION AT INTERNATIONAL
COMPETITION? ☐ YES ☐ NO

OPTIONAL

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 severe learning disorder, autism

RACE AND ETHNICITY (You may check up to two choices):

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

MAKE CHECK PAYABLE

MAIL APPLICATION & PAYMENT

☐ Check if you would like to learn more about the USA Swimming Foundation's initiatives

☐ Check if you would like to receive the electronic USA Swimming Newsletter (*must be 13 years of age or older*)

HIGH SCHOOL STUDENTS – Year of high school graduation: _____

YEAR LAST REGISTERED: _____. IF YOU REGISTERED WITH A DIFFERENT USA SWIMMING CLUB IN 2020, ENTER THAT

CLUB CODE: _____ LSC CODE: _____ AND THE DATE OF YOUR LAST COMPETITION REPRESENTING THAT CLUB: _____.

SIGN HERE x _____

SIGNATURE OF ATHLETE, PARENT OR GUARDIAN

DATE

2021 REGISTRATION CATEGORIES (please select only 1)

	Membership Type	Valid	USA Swimming Fee	LSC Fee	Total Fee	Restrictions
<input type="checkbox"/>	Premium	6/1/2020 – 12/31/2021	\$64.00	\$10.25	\$74.25	None
<input type="checkbox"/>	Flex	6/1/2020 – 12/31/2021	\$10.00	\$10.00	\$20.00	Athlete 18-U, no more than 2 sanctioned meets per registration year. Only for meets below LSC Championships, Zone, Sectional, and National Levels.
<input type="checkbox"/>	Individual Seasonal	150 days	\$30.00	\$5.00	\$35.00	Only for meets below Zone, Sectional, and National Levels.
<input type="checkbox"/>	Outreach	6/1/2020 – 12/31/2021	\$5.00	\$0.00	\$5.00	Must meet eligibility criteria. See Outreach Application
<input type="checkbox"/>	Single Meet Open Water	9/1/2020 – 12/31/2021	\$10.00	\$0.00	\$10.00	For unattached open water competition. Only for meets below Zone, Sectional, and National Levels.

Covid-19 Safety Guidelines & Procedures:

Parents and swimmers should read over these guidelines and procedures carefully. All swimmers and parents must agree to follow these guidelines as a condition of participation. Failure to comply with these rules and procedures may result in your swimmer being removed from practices, and/or your membership to CFYN being suspended. Please sign and return a copy of this form with your registration.

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PLEASE ALSO REVIEW THE IMPORTANT INFORMATION AND RESOURCES BELOW REGARDING COVID19 VIRUS:

<https://www.cdc.gov/coronavirus/2019-nCoV/index.html>

By signing this form you acknowledge that you have read and gone over this information with your swimmer and you both agree to comply with all guidelines and procedures.

Parent Signature

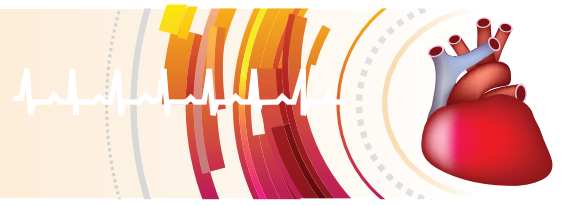
Date

Parent name printed

Swimmer's name(s)

Sudden Cardiac Arrest and Lindsay's Law

Parent/Athlete Signature Form



What is Lindsay's Law? Lindsay's Law is about Sudden Cardiac Arrest (SCA) in youth athletes. It covers all athletes 19 years or younger who practice for or compete in athletic activities. Activities may be organized by a school or youth sports organization.

Which youth athletic activities are included in Lindsay's law?

- Athletics at all schools in Ohio (public and non-public)
- Any athletic contest or competition sponsored by or associated with a school
- All interscholastic athletics, including all practices, interschool practices and scrimmages
- All youth sports organizations
- All cheerleading and club sports, including noncompetitive cheerleading

What is SCA? SCA is when the heart stops beating suddenly and unexpectedly. This cuts off blood flow to the brain and other vital organs. People with SCA will die if not treated immediately. SCA can be caused by 1) a structural issue with the heart, OR 2) a heart electrical problem which controls the heartbeat, OR 3) a situation such as a person who is hit in the chest or a gets a heart infection.

What is a warning sign for SCA? If a family member died suddenly before age 50, or a family member has cardiomyopathy, long QT syndrome, Marfan syndrome or other rhythm problems of the heart.

What symptoms are a warning sign of SCA? A young athlete may have these things with exercise:

- Chest pain/discomfort
- Unexplained fainting/near fainting or dizziness
- Unexplained tiredness, shortness of breath or difficulty breathing
- Unusually fast or racing heart beats

What happens if an athlete experiences syncope or fainting before, during or after a practice, scrimmage, or competitive play? The coach MUST remove the youth athlete from activity immediately. The youth athlete MUST be seen and cleared by a health care provider before returning to activity. This written clearance must be shared with a school or sports official.

What happens if an athlete experiences any other warning signs of SCA? The youth athlete should be seen by a health care professional.

Who can evaluate and clear youth athletes? A physician (MD or DO), a certified nurse practitioner, a clinical nurse specialist, certified nurse midwife. For school athletes, a physician's assistant or licensed athletic trainer may also clear a student. That person may refer the youth to another health care provider for further evaluation.

What is needed for the youth athlete to return to the activity? There must be clearance from the health care provider in writing. This must be given to the coach and school or sports official before return to activity.

All youth athletes and their parents/guardians must view the Ohio Department of Health (ODH) video about Sudden Cardiac Arrest, review the ODH SCA handout and then sign and return this form.

Parent/Guardian Signature

Student Signature

Parent/Guardian Name (Print)

Student Name (Print)

Date

Date

LIABILITY RELEASE AND INDEMNIFICATION FORM

I, the undersigned participant and parent, request voluntary participation for minor to participate in all events, which are hereinafter referred to as the "activities." sponsored by _____ Club, USA Swimming and its local swimming committees. This agreement is valid while the participant is a member of USA Swimming.

I consent to my/minor's participation in the activities and acknowledge that the minor and I fully understand my/minor's participation may involve risk of serious injury or death, including losses which may result not only from my/minor's own actions, inactions or negligence, but also from the actions, inactions, or negligence of others, the condition of the facilities, equipment, or areas where the event or activity is being conducted, and/or the rules of play of this type of event or activity. I understand that if I have any risk concerns, I should discuss the risks associated with my participation with the activity coordinators and event staff, before I sign this document and before any activities begins.

Release – Minor's Rights:

In consideration of allowing Minor Participant to participate in the activities, I hereby release and hold harmless _____ Club, USA Swimming and its local swimming committee and their members of its board of directors, officers, employees, volunteers, other participants, and agents (collectively, the "Released Parties"), of and from, and do discharge and waive, any and all claims, demands, losses, damages, and liabilities that Minor Participant may have or sustain with respect to any and all damage and/or injury, of any type, arising out of his or her participating in the activities. I also agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

(Print name of minor)

(Signature of minor)

(Date)

Release – Parents'/Guardians' Rights: In consideration of allowing Minor Participant to participate in this USA Swimming event, I hereby release and hold harmless the Released Parties, of and from, and do discharge and waive, any and all claims, demands, losses, damages, and liabilities that I may have or sustain with respect to any and all damage and/or injury, of any type, arising from Minor Participant's participation in the activities. I also agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

(Print name of Parent/Guardian)

(Signature of Parent/Guardian)

(Date)

I certify that my/minor is in good health and have no physical condition that would prevent participation in this activity. Furthermore, I agree to use my/minor's personal medical insurance as a primary medical coverage payment if accident or injury occurs. I consent to emergency medical treatment in the event such care is required.

(Print name of Parent/Guardian)

(Signature of Parent/Guardian)

(Date)

Indemnification by Parent/Guardian:

The undersigned parent/guardian further agrees to indemnify, save and hold harmless the Released Parties from any and all claims, demands, losses, damages and liabilities for indemnities, contribution or otherwise with respect to any damage and/or injury, of any type, arising from Minor Participant's participation in the activities. The undersigned also agrees that this Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement extends to all acts of negligence by the Releasee and is intended to be as broad and inclusive as is permitted by the laws of the State in which the Event(s) is/are conducted and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

(Print name of Parent/Guardian)

(Signature of Parent/Guardian)

(Date)