

## **Countryside Country Club Aquatics 2010 Parent Acknowledge Form**

**Family Last Name:** \_\_\_\_\_

As parent or guardian of a member of the Countryside Country Club Aquatics Swim Team, and as an authorized member of the family named above, our family does hereby agree to the following requirements and terms as outlined in this letter. We understand if these requirements and terms are not adhered to, our family will forfeit our CCCA membership and will not be entitled to a refund of any kind. We also understand that once we complete the registration process there is a no refund policy.

We agree to: (please initial each item)

\_\_\_\_\_ Encourage and promote good sportsmanship in the Sport of Swimming at all practices, meets and other swim team functions.

\_\_\_\_\_ Be responsible to check the swim team web site [www.cccaquatics.org](http://www.cccaquatics.org) frequently to obtain information on practice times, dual meets, championship meets and all swim team functions. Utilize the Communication form provided on the web site to suggest, request or comment to the Coaches or any member of the Board regarding any issue related to CCCA.

\_\_\_\_\_ Be responsible for our swimmer(s) at all practices, dual meets, championship meets and all swim team functions.

\_\_\_\_\_ Be responsible to check the web site at least 1 hour before any meet to confirm whether the meet is still on or the meet has been canceled. We will not allow weather conditions to dictate any decision, as the web site will be updated at least 1 hour before any meet.

\_\_\_\_\_ Be responsible to fulfill the volunteer hours and responsibilities that we have signed up for. If for any reason we can not make it to a meet or function that we have signed up for, it is our responsibility to arrange for someone else to fill our volunteer position. If we, or our substitute, fail to arrive and perform the volunteer position, then we will be required to pay a \$50.00 "no show" fee. Once we have been notified of the failure to perform a volunteer duty, we agree to pay the \$50.00 fee to CCCA within 14 days. Failure to pay the \$50.00 fee will result in our swimmer(s) being declared ineligible to practice or compete with the team until the fee is paid.

\_\_\_\_\_ Allow CCCA to publish our name and contact information in the CCCA family directory to be used by other members.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Kaylene Bellamy  
CCCA 2010 President