

## Travel Meet Sign-Up Form

### Parents & Swimmers,

Please fill out the following form if you are planning to attend the June 10 -13<sup>th</sup> travel meet to Omaha, Nebraska. Please return the completed form along with a *non-refundable* deposit of \$75.00 to the Petrilla family folder no later than Monday, May 17. Final payment for travel meet costs will be applied to your FAST account in the month of June. The Honor Code and Insurance/Emergency Contact forms will need to be filled out for EACH swimmer attending the trip. If you have questions regarding the trip or how to fill out the form, please contact either Scott Petrilla ([s.petrilla@gmail.com](mailto:s.petrilla@gmail.com) or 970-372-2373) or Lance Holter ([lholler@q.com](mailto:lholler@q.com) or 229-9339).

<b>The trip includes the following: A team t-shirt, swim practice at Kearney YMCA, visit to Henry Doorly Zoo, 10 meals, and admittance to hotel's CoCo Key water park.</b>			
Option	Riding Bus	Staying in Team Hotel	Total Cost
A	Yes	Yes	\$285.00
B	Yes	No	\$225.00
C	No	Yes	\$225.00
D	No	No	\$160.00

### Swimmer Sign Up

Team T-Shirts come in the following sizes: YS, YM, YL, YXL, AS, AM, AL, AXL. Please indicate the size of t-shirt needed for each swimmer.

Name	Sex	Age	T-Shirt Size	Subway Sandwich Preference	Riding Bus?	Team Hotel Room? (11&Over Only)	Cell Phone Number	Cost
				Ham/Turkey/BMT Ham/Turkey/BMT	Yes/No	Yes/No		
				Ham/Turkey/BMT Ham/Turkey/BMT	Yes/No	Yes/No		
				Ham/Turkey/BMT Ham/Turkey/BMT	Yes/No	Yes/No		
				Ham/Turkey/BMT Ham/Turkey/BMT	Yes/No	Yes/No		
<b>Total Due:</b>								

Is any non-swimmer member of your party planning to book a room at the Holiday Inn under the FAST room block? YES / NO

*Parents and non-swimmers should call the Holiday Inn reservations desk directly at: (402) 393-3950 and ask for the FAST Fort Collins Area Swim Team room rate of \$89/night.*

Parents and non-swimmers are welcome to join the team on several different activities. Please review the following options and indicate how many people will participate. The listed dinner in Kearney, the zoo, and the water park will be paid at the entrance to the activity. T-shirts can be ordered at a cost of \$15.00 per shirt. T-shirt payments must be included in your final trip payment. Indicate the size and quantity of additional t-shirts you would like to order.

Activity	Cost	Count
Dinner at the University of Nebraska at Kearney cafeteria (5:00 PM on Thursday June 10 <sup>th</sup> ).	\$8.00	
Henry Doorly Zoo (Friday June 11 <sup>th</sup> )	Adult (12&O) \$10.50 Senior (62&O) \$9.00 Child (3 - 11) \$6.75	
CoCo Key Water Park (Saturday Night June 12 <sup>th</sup> )	\$10.00	
T-Shirts / Sizes	\$15.00	

**Please use the back of this form to communicate any additional information you feel will enhance your swimmer's experience during the travel meet.**

#### ----- For Office Use Only -----

Name: \_\_\_\_\_ Check Number: \_\_\_\_\_ Check Amt: \_\_\_\_\_ Bal Due: \_\_\_\_\_

## FAST Honor Code

The following code is in effect throughout the year. Some of the items refer specifically to team travel. Additionally, anyone who, in the opinion of the coach or coaches, acts in a manner that would interfere with the travel objectives listed below, will be subject to immediate return home (**at the expense of the parent and/or swimmer**) and other punishments including barring from future travel meets or other competition or dismissal from the team.

The Fort Collins Area Swim Team will seek out of town swimming competition for the following reasons:

- A. Different individual competitions;
- B. A higher quality of competition;
- C. Experience in trial/finals competition;
- D. Conditions conducive to exceptional performances.

1. FAST may travel as a team to these meets and everyone is expected to behave in an exemplary manner. The reputation of FAST, as well as the other athletes with you, is dependent on your behavior.
2. The coaching staff holds the final word on any rules, regulations, or disciplinary action.
3. The consumption or purchase of alcohol, smoking or chewing tobacco, or use of any other illegal drug or substance of any kind will not be allowed. In addition, any team member found or suspected to be in the **presence of others** (regardless of team affiliation) partaking in any of the above activities will be subject to the same punishments and probable expulsion from FAST. Any swimmer suspected of such activity will appear before a review committee composed of the senior team coach, the head age group coach, the club president, and two other FAST board members.
4. At no times will male and female athletes be in the same room together with the door closed. This applies to FAST members or members of any other team.
5. No team meetings may be missed. Be punctual to all meetings and warm-up times.
6. No team member may be out of their room after the assigned bed time. Permission must be obtained from the coach to leave the room past this time.
7. Any damages or thievery incurred at a motel will be at the expense of the swimmers assigned to that room, and further disciplinary action will be taken. No loud or boisterous behavior will be tolerated in the hallways or public areas, and such behavior should be kept to a minimum in your rooms. Make all long distance calls on a credit card or collect.
8. All team members will be polite in restaurants. Leave a 15% tip. If there has been a problem with the service, see the coach.
9. All swimmers will follow the rules regarding practice and meet behavior in the team handbook.

I recognize my responsibility to abide by the rules and requirements of the Fort Collins Area Swim Team I am representing and I acknowledge that I have received and read such.

Swimmer \_\_\_\_\_ Dated \_\_\_\_\_  
 Parent \_\_\_\_\_ Dated \_\_\_\_\_

**Authorization for Treatment of a Minor**

**(June 10<sup>th</sup> thru 13<sup>th</sup>)**

**Omaha, Nebraska**

I, \_\_\_\_\_, BEING THE PARENT OR LEGAL GUARDIAN OF \_\_\_\_\_

HEREBY GIVE MY CONCENT FOR EMERGENCY MEDICAL AND/OR SURGICAL TREATMENT OF THIS MINOR IN A LICENSED HOSPITAL/MEDICAL FACILITY BY A LICENSED PHYSICIAN SHOULD HIS/HER CONDITION SO REQUIRE IT IN MY ABSENCE. I UNDERSTAND THAT IN SUCH A CASE REASONABLE ATTEMPTS WOULD FIRST BE MADE TO CONTACT ME; TIME AND CONDITIONS PERMITTING.

AS LONG AS THE MEDICAL/SURGICAL TREATMENT CONSIDERED NECESSARY IN THE SITUATION IS IN ACCORDANCE WITH GENERALLY ACCEPTED STANDARDS OF MEDICAL, PRACTICE, I IMPOSE NO SEPCEIFIC LIMITATIONS OR PROHIBITIONS REGARDING TREATMENT OTHER THAN THOSE THAT FOLLOW. (IF NONE, THEN STATE SO.)

\_\_\_\_\_  
\_\_\_\_\_

MY SWIMMER IS TAKING THE FOLLOWING PRESCRIBED MEDICATION ON THIS SCHEDULE: (IF NONE, THEN SO STATE.)

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

*SIGNATURE OF PARENT OR GUARDIAN*

**EMERGENCY INFORMATION**

Mother's Name: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

**INSURANCE** (Please attach a copy of your insurance card)

Type of insurance: \_\_\_\_\_

Policy Holder's Name: \_\_\_\_\_

Policy #: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

**DISCIPLINE AGREEMENT**

I AGREE TO FOLLOW THE RULES AND EXPECTATIONS SET FORTH FOR THIS TRIP. I UNDERSTAND AND SO DO MY PARENTS, THAT IF I BREAK THE RULES I CAN BE SENT HOME IMMEDIATELY AT THEIR EXPENSE.

Swimmer Signature: \_\_\_\_\_

Parent's signature: \_\_\_\_\_

IF ANY DISCIPLINARY ACTION MUST BE TAKEN, AND THE SWIMMER'S PARENT(S) CANNOT BE REACHED, THE FOLLOWING PERSON WILL BE CONTACTED. IF PARENTS ARE OUT OF TOWN THE FOLLOWING PERSON WILL BE RESPONSIBLE FOR THE SWIMMER IF HE/SHE MUST BE SENT HOME.

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_ Evening: \_\_\_\_\_