

Lost Creek Cruzers Packet

SPONSORSHIP INFORMATION

We invite you to participate in the Cruiser swim team sponsorship opportunity. Every dollar raised will go directly back to the swim program to cover the cost of t-shirts (swimmers will get them free or reduced based on the response to sponsorships) and publicity for the swim team. To achieve our goal, we are counting on the support of at least 10 families or local businesses. Through this effort, we will be able to advertise the swim team and show team spirit...carrying on the tradition of the Lost Creek Cruzers!!

Forms Included In Packet

- Registration Form
- Parent's Medical Consent Form
- Merchandise Form

Gold Medal (Corporate)—\$500

- Sign with corporate logo at the Lost Creek pool.
- Logo on the back of 2008 Cruiser t-shirts.
- Recognition on the Lost Creek Aquatics website & newsletter correspondence.

Silver Medal (Family)—\$250

- Sign with shared recognition at the Lost Creek pool.
- Family name on the back of 2008 Cruiser t-shirts.
- Recognition on the Lost Creek Aquatics website & newsletter correspondence.

Bronze Medal (Family)—\$150

- Banner with family name at the Lost Creek pool.
- Recognition on the Lost Creek Aquatics website & newsletter correspondence.

Deadline: April 17, 2009

Mail to: Lost Creek Aquatics

Coach Steve Jones

2612 Lost Creek Blvd.

Austin, TX 78746

Questions?: Colleen Jones ~ cjones@austin.rr.com ~ 300.0878

CRUZER ELIGIBILITY

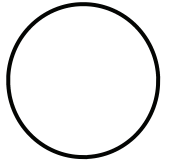
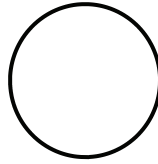
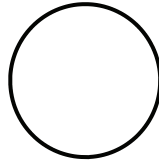
Swimmers who are able to swim the length of the pool are welcome on the Cruiser swim team. Age groups include: 6 & Unders, 7 & 8s, 9 & 10s, and 11 & Up. Groups are based on a swimmer's age as of 5/1/09.

If your swimmer is not able to swim across the pool, please contact Coach Steve Jones at lostcreekaquatics@austin.rr.com to sign-up your swimmer for Swim America swim lessons or to participate in the "Head Start" swim program beginning in April.

Nonmembers:

Lost Creek Country Club has determined "You must be a Lost Creek Country Club Member in order to participate on the Cruiser Swim Team additional seasons."

- Once a family member has participated on the Cruiser swim team, that family must be Members in order to participate on the Cruiser swim team additional seasons.
- This rule applies to the "family" where the same child or a sibling has participated on the Cruiser swim team in the past.
- This rule also applies to families that had children who participated on the Cruiser swim team that were Members that time, but have resigned their membership.
- A **max of 30 Nonmembers** will be allowed each swim season.



Lost Creek Cruzers

Austin Hills Swim Team Registration Form

Please read and discuss these items with your swimmer prior to registering:

1. Participants must remain with their team until called by their ready bench.
2. Playing in home team's wading pool or diving well is not allowed.
3. Cheer for your team with your group in their designated area. No standing or running along the edge of the pool. This interferes with stroke judging and timing and will not be allowed.
4. No glass containers are allowed in the pool area.
5. Swimmers shall be members in good standing with their member team. A swimmer must workout with his/her team in four practices prior to competing in a league meet. A swimmer must have participated in at least one meet to be eligible to swim in the championship meet. A swimmer must legally swim an individual event at least one time during an AHSL sanctioned meet to swim that individual event in the championship meet. The required intrasquad meet will NOT be considered a sanctioned league meet.

Checklist:

- Registration Form
- Parent's Medical Consent Form
- Merchandise Form
- Check for Incentive Fee

REGISTRATION FORM

OFFICE USE ONLY:

Family Name _____

Date Received _____ Registrar's Initials _____

Parent's Name _____

Address _____

City _____ State _____ Zip _____

Primary Email Address _____

Lost Creek Member Number _____

Home Phone _____ Work Phone _____ Cell Phone _____

_____, Yes, I give the Cruiser Swim Team my permission to communicate via my Initial _____ email for team business.

Swimmer Information:

(1) Name (Last, First) _____	DOB _____	Age* _____	Sex <input type="checkbox"/> F <input type="checkbox"/> M	Yrs** _____
(2) Name (Last, First) _____	DOB _____	Age* _____	Sex <input type="checkbox"/> F <input type="checkbox"/> M	Yrs** _____
(3) Name (Last, First) _____	DOB _____	Age* _____	Sex <input type="checkbox"/> F <input type="checkbox"/> M	Yrs** _____
(4) Name (Last, First) _____	DOB _____	Age* _____	Sex <input type="checkbox"/> F <input type="checkbox"/> M	Yrs** _____

8 & Unders (M, T, Th)

<input type="checkbox"/> 3:45	<input type="checkbox"/> 4:15	<input type="checkbox"/> 4:45
<input type="checkbox"/> 3:45	<input type="checkbox"/> 4:15	<input type="checkbox"/> 4:45
<input type="checkbox"/> 3:45	<input type="checkbox"/> 4:15	<input type="checkbox"/> 4:45
<input type="checkbox"/> 3:45	<input type="checkbox"/> 4:15	<input type="checkbox"/> 4:45

Lost Creek Member

Nonmembers (1st Year Only)

\$135.00	\$260.00
\$120.00	\$260.00
\$120.00	\$260.00
\$120.00	\$260.00
SUBTOTAL	
LATE FEES	
\$25/swimmer****	\$25/swimmer****
TOTAL	

* Age as of 5/1/09.

** Number of years previously on Cruzers—not including Summer 2009.

*** If your child is 8 or under, select time for practice during **MAY**—slots are first come basis. These times are for Monday, Tuesday, Thursday. All 8 & Unders will practice 3:45-4:15 on Wednesday & Friday.

**** Late fee: \$25/swimmer after 4/17—complete payment & paperwork.

Volunteer Information:

Parents: Parents are REQUIRED to volunteer—Please check interest areas below—for more details, see handbook.

\$50 penalty per missed volunteer opportunity.

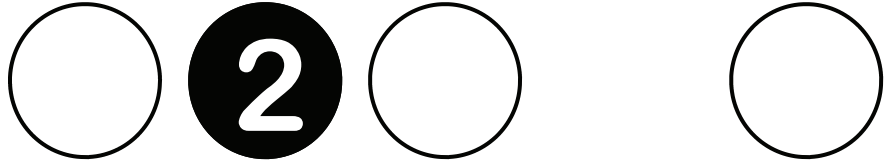
1 swimmer = 2 times per season 3 swimmers = 4 times per season
2 swimmers = 3 times per season 4 swimmers = 4 times per season

- Age Group Parent (16-32*)
- Ribbon Writers (2*)
- Scorekeepers/Verification (6*)
- Records (3)
- Hospitality (6*)
- Runner (6*)
- Timer (9*)

*Number of volunteers needed PER MEET.

Incentive Information:

REQUIRED CONTRIBUTION to swimmer incentives (\$10 per swimmer OR \$20 per family) PLUS coach gifts (\$20+). Make checks payable to Denise Carlson (Cruzer President).



Lost Creek Cruzers

Austin Hills Swim Team Parent's Medical Consent

In the event that any child of mine (listed below as "swimmer (s)"), becomes ill or injured while present at any league or team-sponsored activity, I hereby authorize any team coach or team or league representative to take any action necessary to obtain medical treatment for the child. I further authorize any doctor to perform any medical procedure or operation that the doctor deems advisable in attempting to alleviate the child's injury or illness. If I have listed below, a doctor and/or hospital and/or minor emergency clinic, then I request that a reasonable attempt be made, to use such doctor and/or facility. Nevertheless, I recognize that the use of another doctor and/or facility may be deemed more appropriate by the person(s) obtaining medical treatment for my child and I hereby authorize such use.

Parent's Signature Date

Parent Name(s)

Address

City State Zip

Home Phone Work Phone Cell Phone

(1) Swimmer Name (3) Swimmer Name

(2) Swimmer Name (4) Swimmer Name

Emergency Contact Phone

Doctor's Name Phone

Hospital or Emergency Clinic

Parent's Release and Waiver of Liability

As a parent of the swimmer(s) listed above, I recognize that the participation of my child(ren) in the activities of the Austin Hills Swim League and of the below-listed swim team involves certain inherent dangers. Accordingly, in consideration of my child(ren) being allowed to participate in those activities and on behalf of myself and my child(ren), I do hereby agree to assume the risk in such participation, to include though not limited to personal injury and even death, and I do hereby release and agree to hold harmless then Austin Hills Swim League, the below listed swim team, and all associated coaches, parents, representatives and club or association employees or directors from any and all liabilities, claims, suits, demands and causes of action which may arise from the participation of my child(ren) as aforementioned.

Parent's Signature Date

LOST CREEK CRUZERS

Swim Team Name



Lost Creek Cruzers

Merchandise Form

OFFICE USE ONLY:	
Family Name _____	
Date Received _____	Registrar's Initials _____

Payment Options:

Charge my Lost Creek Country Club Account for merchandise.

Member Name _____ Number _____

My check is enclosed—payable to *Lost Creek Aquatics*.

Check # _____ Date _____ Amount _____

	Swimmer (1):	Swimmer (2):	Swimmer (3):	Swimmer (4):	TOTAL
Female Suit Size* \$55 Indicate Girls' Racing Suit with a Y.					x \$55 =
Male Jammer Size* \$38					x \$38 =
T-shirt Size**					
Flexframe Goggles (TYR) \$10—Small youth					x \$10 =
Hydrospecs Jr. Goggles (Speedo) \$14—Large youth					x \$14 =
Silicone Cap \$18					x \$18 =
					Subtotal
					Tax (8.25%)
					Balance Due

***Swimsuits: Speedo Supernova (red)—New in 2009.**

Female Suits: 22Y, 24Y, 26Y, 28Y, 26, 28, 30, 32, 34, 36

Male Jammers: 22, 24, 26, 28, 30, 32, 34, 36

Select a size for your child's Speedo swim suit—LYCRA.

Female: <http://www.speedousa.com/product/sizeChart.jsp?categoryId=3157113>

Indicate a "Y" if you are choosing a "Girls' Racing Suit"

Male: <http://www.speedousa.com/product/sizeChart.jsp?categoryId=3157099>

**T-shirt: Will be ordered at the beginning of the season and priced based on sponsorship response.

1st Deadline: April 17th

Expected arrival of merchandise will be during first week of Cruiser practice.

2nd Deadline: May 1st

Any returns/exchanges must be in original carton, original tags, and not washed. Every effort will be made to exchange unused merchandise within the team. Otherwise, an exchange **MUST** be made by this deadline.

A second order will be submitted on May 1st for those registering late for Cruzers (April 18-April 30). This merchandise cannot be guaranteed to arrive by the first swim meet (May 16th).