

2024 Youth Registration Form

Member's Name: _____ Member #: _____

Primary Contact Name: _____

Primary Contact Email: _____

Primary Contact Phone Number: _____ Alt. _____

Address: _____

City: _____ Zip Code: _____

REGISTRATION INCLUDES: SHCC T-Shirt & Swim Cap

**SHCC Swimsuits offered separately

FEES NON REFUNDABLE AFTER MAY 1, 2024

Child's First Name: _____		Last Name: _____	
Date of Birth: ___/___/___	Age: _____	M / F	Youth T-Shirt Size: _____
**circle all that apply			
SWIM only	DIVE only	SWIM & DIVE	TENNIS
\$280	\$250	\$310	\$195

Child's First Name: _____		Last Name: _____	
Date of Birth: ___/___/___	Age: _____	M / F	Youth T-Shirt Size: _____
**circle all that apply			
SWIM only	DIVE only	SWIM & DIVE	TENNIS
\$280	\$250	\$310	\$195

Child's First Name: _____ Last Name: _____

Date of Birth: ___/___/___ Age: _____ M / F Youth T-Shirt Size: _____

****circle all that apply**

SWIM only	DIVE only	SWIM & DIVE	TENNIS
\$280	\$250	\$310	\$195

Child's First Name: _____ Last Name: _____

Date of Birth: ___/___/___ Age: _____ M / F Youth T-Shirt Size: _____

****circle all that apply**

SWIM only	DIVE only	SWIM & DIVE	TENNIS
\$280	\$250	\$310	\$195



MEDICAL RELEASE FORM

In the event of an illness or injury where neither parent/guardian is available, I grant permission to South Hills Country Club Personal to authorize and obtain medical care from any licensed physician, hospital, or medical clinic for my child/children listed in the boxes above.

 Signature-Parent/Guardian Print Name Date

Insurance Provider: _____ Doctor's Name _____ Phone: _____

South Hills Country Club Youth Activity Emergency Information Card

Family Last Name: _____

Children's Names:

_____	Age
_____	Age
_____	Age
_____	Age

Parent/ Guardian information

_____	_____	_____
Mother's Name	Cell Phone	Alt Phone
_____	_____	_____
Father's Name	Cell Phone	Alt Phone
_____	_____	_____
Guardian's Name	Cell Phone	Alt Phone

Emergency Contact (if parents/guardian can not be reached)

_____	_____	_____
First Contact	Cell Phone	Relationship
_____	_____	_____
Second Contact	Cell Phone	Relationship

Allergies (please list any allergies or medical conditions for staff)

_____	_____
Name of Child	Allergy/Condition
_____	_____
Name of Child	Allergy/Condition

In the event of an illness or injury where neither parent/guardian is available, I grant permission to South Hills Country Club personnel to authorize and obtain medical care from any licensed physician, hospital, or medical clinic for my child/children listed in the boxes above.

_____	_____	_____
Signature Parent/ Guardian	Print Name	Date
_____	_____	_____
Insurance Provider	Doctor	Phone Number

SHCC Junior Activities Parent Code of Conduct

We, South Hills Country Club, have implemented the following Parent Code of Conduct for the important message it holds about the proper role of parents in supporting their child in sports. Parents shall read, understand and sign this form before their children participate in our program.

Any parent guilty of improper conduct at any competition or practice will be asked to leave the pool facility

Preamble The essential elements of character-building and ethics in sports are embodied in the concept of sportsmanship and six core principles:

Trustworthiness, Respect, Responsibility, Fairness, Caring, and Good Citizenship

The highest potential of sports is achieved when competition reflects these "six pillars of character."

I therefore agree:

1. I will not force my child to participate in sports.
2. I will remember that children participate to have fun and that the sport is for youth, not adults.
3. I will inform the coach of any physical disability or ailment that may affect the safety of my child or the safety of others.
4. I (and my guests) will be a positive role model for my child and encourage sportsmanship by showing respect and courtesy, and by demonstrating positive support for all players, coaches, officials, and spectators at every event and practice.
5. I (and my guests) will not engage in any kind of unsportsmanlike conduct with any official, coach, player, or parents such as booing and taunting; refusing to shake hands, or using profane language or gestures.
6. I will not encourage any behaviors or practices that would endanger the health and well-being of the athletes.
7. I will teach my child to play by the rules and to resolve conflicts without resorting to hostility or violence.
8. I will demand that my child treat other players, coaches, officials, and spectators with respect regardless of race, creed, color, sex, or ability.
9. I will teach my child that doing one's best is more important than winning so that my child will never feel defeated by the outcome of an event or his/her performance.
10. I will praise my child for competing fairly and trying hard, and make my child feel like a winner every time.
11. I will never ridicule or yell at my child or other participants for making a mistake or losing a competition.
12. I will emphasize skill development and practices and how they benefit my child over winning.
13. I will promote the emotional and physical well-being of the athletes ahead of any personal desire I may have for my child to win.
14. I will respect the officials and their authority during events and will never question, discuss, or confront the officials.
15. I will provide only supportive comments to coaches and avoid any derogatory comments. If I have a concern(s) to bring to the coach's attention, I will apply the "24 Hour Rule" before having a respectful and private conversation at an agreed upon time and place.
16. I will refrain from coaching my child or other players during events and practices.

In addition to the above guidelines, the coaches, youth committee, and other parents ask the following:

During practice, it would be appreciated that parents and guardians refrain from walking along the side of the pool during practice, as this may distract swimmers from learning from their coaches.

If you have **any concerns** about how your child is being instructed, please **reach out after swim and dive practice** to our **Head Coach**



Photograph or Videotape Permission Slip

	Yes, I give permission to photograph or videotape my child for shcc publication. This would include photographs or videotapes taken of your child for distribution as part of the youth activity program. Parental permission is required before your child's photograph or video can be shown publicly.
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	No, I do not give permission to photograph or videotape my child for shcc publication. This would include photographs or videotapes taken of your child for distribution as part of the youth activity program. Parental permission is required before your child's photograph or video can be shown publicly.
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Childrens Names:

Parent Signature

Date

Please return registration form to Monica Suarez in the Business Office