



**CANTON CITY SCHOOL DISTRICT
C.T. BRANIN NATATORIUM**

1715 Harrison Ave., NW • Canton, Ohio 44708

Phone (330) 438-2738 • Fax (330) 580-3571

All CCS Swim Team participants must have a Pool Registration Form and a Medical Emergency Form on File.

First night of practice for Sam's Group; the 3:30 to 5:30 group is Monday, August 29th. Be prepared to participate in dryland exercises.

First night of practice for all 5:30 groups and new swimmers that are not in high school will be Monday, September 12th.

If the swimmer is participating in USA Meets, a 2017 Athlete Registration Application for USA Swimming must be completed. Regular membership is \$61.00 and this is good from September 17th through December 31, 2017.

If the swimmer is on free or reduced lunches or the family is experiencing a financial hardship, a 2017 Outreach Athlete Registration Application can be completed for the cost of \$5.00. Proof of hardship must be attached.

CANTON CITY SCHOOLS SWIM TEAM

2016/2017

2016/2017

FALL/WINTER



HEAD COACH: SAM SEIPLE
C.T. BRANIN NATATORIUM
1715 HARRISON AVE NW
CANTON, OH 44708
PHONE: 330-438-2739

Website: www.ccswimteam.com

or

http://mckinley.ccsdistrict.org/pages/Mckinley_High_School/Athletics/Natatorium

Please Note: Because of Insurance Coverage, all registration papers, and pool membership fees must be completed and turned into the Natatorium office prior to swimmer entering the water.

Red Group: High School & College Swimmers (Sam's Group)

White Group: Top USA Age Group Swimmers

Blue Group: Developmental Swimmers (Ages 5 & Up) (must be able to swim length of pool with proper front crawl including rotary breathing).

Time Schedule:

August 29th - November 3rd

High School Practice starts Friday, November 4th

Red Group - Monday - Thursday - 3:30 - 5:30 PM - Sat. 8:00 - 10:00 AM

- (Sam's group - 3:30 group will start on the 29th - all 5:30 groups will start on Sept. 12th. be prepared to participate in dry land exercises.)

Sept. 12th - March 2017

White Group - Monday - Thursday 5:30 - 7:30 PM - Sat. 8:00 - 10:00 AM

- Time change for Saturday practices, starting Nov. 5th, 10:00 am - 12:00 PM

September 12th - January 31, 2017

Blue Group - Monday - Thursday 5:30 - 6:30 PM

Swimmers not competing in any USA Championships will be done January 31st.

FEE WAIVER:

The pool fee has been waived for all students attending Canton City Schools.

Fee Structure: POOL FEE

Red & White Groups

Blue Groups

Make check payable to: Canton City Schools

Canton City Schools Students	Free	Free
Residents of Canton City School District	\$ 160.00	\$120.00
Non-Canton City School Students	\$ 240.00	\$170.00

High School Swimmers:

Canton City Schools Students (Sept. 12th - Nov. 5th)	Free
Non-Canton City Schools Students (Sept. 12th - Nov. 5th)	\$100.00

**USA MEMBERSHIP: \$61.00 Make check payable to CCS Swim Team Boosters
Sept. 2016 - Dec. 31, 2017**

NAME _____ BIRTHDAY _____ AGE _____
 Last First Middle

ADDRESS _____

PARENT'S/GUARDIAN'S NAME: _____

PHONE NUMBER (H) _____ (CELL/WORK) _____

E-MAIL ADDRESS: _____ SCHOOL ATTENDING _____

****Because of Insurance Coverage, all registration papers, and pool membership fees must be completed and turned into the Natatorium office prior to swimmer entering the water.**

THE BOARD OF EDUCATION, CANTON CITY SCHOOL DISTRICT IS AN EQUAL OPPORTUNITY EMPLOYER AND DOES NOT DISCRIMINATE WITH REGARD TO ITS EMPLOYMENT POLICIES, PERSONNEL PRACTICES OR EDUCATION PROGRAMS, REGARDLESS OF RACE, COLOR, RELIGION, NATIONAL ORIGIN, HANDICAP, SEX, ANCESTRY, OR AGE.

CCS SWIM TEAM MEDICAL EMERGENCY FORM

SWIMMER'S NAME: _____

EMERGENCY CONTACTS:

Mother: _____ Father: _____

Home: _____ Home: _____

Cell: _____ Cell: _____

Additional Emergency Contact:

Name: _____ Relationship to Swimmer: _____

Home: _____ Cell: _____

Hospital of choice: _____

MEDICAL INFORMATION

Does your child have any allergies? Yes No

Please list allergies: _____

Is your child currently taking any medication? Yes No

Please list medications: _____

Has your child recently had a major illnesses or injury? Yes No

Please explain: _____

Please explain any physical conditions which may limit your child's training program?

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) 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 E-MAIL ADDRESS

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

MAKE CHECK PAYABLE TO: CCS SWIM TEAM BOOSTERS
MAIL APPLICATION & PAYMENT TO: Turn application into office

U.S. CITIZEN: YES NO
ARE YOU A MEMBER OF ANOTHER FINA FEDERATION? YES NO
IF YES, WHICH FEDERATION:
HAVE YOU REPRESENTED THAT FEDERATION AT INTERNATIONAL COMPETITION? YES NO

Table with 2 columns: Fee Name, Amount. Includes 2017 REGISTRATION FEE, USA Swimming Fee (\$56.00), LSC Fee (5.00), TOTAL DUE (\$61.00).

HIGH SCHOOL STUDENTS - Year of high school graduation:
YEAR LAST REGISTERED: IF YOU REGISTERED WITH A DIFFERENT USA SWIMMING CLUB IN 2016, 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

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)

REG. DATE/LSC USE ONLY



PLEASE PRINT LEGIBLY • COMPLETE ALL INFORMATION:

LAST NAME	LEGAL FIRST NAME	MIDDLE NAME
<input type="text"/>	<input type="text"/>	<input type="text"/>

PREFERRED NAME	DATE OF BIRTH (MO/DAY/YR)	SEX (M/F)	AGE	CLUB CODE	NAME OF CLUB YOU REPRESENT
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

(Bill, Beth, Scooter, Liz, Bobby)		If not affiliated with a club, enter "Unattached"	
GUARDIAN #1 LAST NAME	GUARDIAN #1 FIRST NAME	GUARDIAN #2 LAST NAME	GUARDIAN #2 FIRST NAME
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

MAILING ADDRESS

CITY	STATE	ZIP CODE
<input type="text"/>	<input type="text"/>	<input type="text"/>

AREA CODE	TELEPHONE NO.	FAMILY/HOUSEHOLD E-MAIL ADDRESS
<input type="text"/>	<input type="text"/>	<input type="text"/>

U.S. CITIZEN: YES NO

ARE YOU A MEMBER OF ANOTHER FINA FEDERATION? YES NO

IF YES, WHICH FEDERATION: _____

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 TO:

CCS SWIM TEAM BOOSTERS

MAIL APPLICATION & PAYMENT TO:

TURN APPLICATION INTO OFFICE

HAVE YOU REPRESENTED THAT FEDERATION AT INTERNATIONAL COMPETITION? YES NO

2017 OUTREACH FEE	
Sept. 1, 2016 through Dec. 31, 2017	
USA Swimming Fee	\$5.00
LSC Fee	
TOTAL DUE	\$5.00

APPROPRIATE PAPER WORK SHOWING LSC QUALIFICATIONS FOR THIS OUTREACH REGISTRATION MUST BE ATTACHED TO THIS FORM IN ORDER TO PROPERLY REGISTER THIS ATHLETE.

HIGH SCHOOL STUDENTS – Year of high school graduation: _____

YEAR LAST REGISTERED: _____ IF YOU REGISTERED WITH A DIFFERENT USA SWIMMING CLUB IN 2016, ENTER THAT CLUB CODE: _____ LSC CODE: _____ AND THE DATE OF YOUR LAST COMPETITION REPRESENTING THAT CLUB: _____

- 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)

SIGN HERE x _____
SIGNATURE OF ATHLETE, PARENT OR GUARDIAN DATE

REG. DATE/LSC USE ONLY _____

The Outreach Application is for swimmers who are on free or reduced lunches or family is experiencing a financial hardship.