

Welcome to the Gainesville Gaviatas!

We are so happy you have decided to allow your child to experience the sport of artistic swimming! We are here as a Board and Coaching Staff to help your swimmer and family feel welcomed and supported. Please reach out to the board via the email [gainesvillegaviatas@gmail.com](mailto:gainesvillegaviatas@gmail.com) if you have any questions or concerns.



Some initial information that we need from you to get your swimmer registered:

1. Swimmer's name
2. Swimmer's DOB
3. Swimmer's gender
4. Parent/guardian name
5. Parent/guardian's email address(s)
6. Home address
7. Phone number(s)

Please see the Novice/Intermediate Parent Handbook which will hopefully assist you navigate this fun sport! This handbook can also be accessed on our members only section of our website [synchrogainesville.org](http://synchrogainesville.org) utilizing the password 'gogaviatas.'

Finally, the next step is registering for your swimmer's USAA Swimming Membership. Below is the link that will get you to our club. From there you will be able to register your swimmer under the 2023-2024 Athlete Membership-Youth.

<https://memberships.sportsengine.com/org/usa-artistic-swimming/affiliation/gainesville-gaviatas>

Again, we are so excited to have you all be a part of our GGS family of swimmers!

Gaviatas Board

How did you hear about us?

- Social media
- Fun 4 Gator Kids
- Word of Mouth
- Flyer
- Other



Gainesville Gaviatas, Inc.

2023-2024 Season

## **Novice/Jr Novice Commitment**

### ***Training and Competitions***

My child (full name) \_\_\_\_\_ will train with the Novice Level. I understand that practice times and days may change depending on pool and coach availability. It is my responsibility to check the calendar to confirm days, times, and locations. Coaches will communicate practice changes via email, text, and/or through the Band app, in advance, if and when possible.

### **Coaches**

My child's primary coach will be **Crystal Motes, cmotes718@gmail.com**. I understand that other club coaches will also work with my child. I will notify my primary coach immediately if any competition conflicts arise, but I understand that my fees will not change.

### **Practices**

Practices will be held Mondays and Wednesdays from 5:30-7:00 p.m. at Westside Pool for the Novice level. These practices will be for the entire swim season from September to June.

Practices will be held on Mondays and Wednesday from 5 to 5:45 p.m. at Westside Pool for the Jr. Novice level. Practices will begin on September 11th and continue until December 16th. They will start again in March and continue until early June. .

### **Competitions**

My child will compete with the Novice Level. I have reviewed the competition and practice schedule for this group, and my child will not have any issues attending as designated for their group. I understand that there may be safety protocols to follow due to COVID, during the competition season. The final dates and locations for the competitions will be available after the USA Synchro Convention (but no later than November 1<sup>st</sup>). Optional competitions to for this level:

- Figures Meet
- Winter Invite (Novice only)
- Spring Invite (Novice only)
- Sunshine State Games (SSG)

### **Competition Procedures**

- Coaches will send a schedule of events prior to the day of competition specifying when athletes should arrive, what uniform/suit athletes should arrive wearing, and whether to arrive knoxed or not.

## ***Informed Consent***

I acknowledge that I am completely aware of the inherent risks associated with synchronized swimming, from minor injuries to paralysis or other serious, permanent injuries including death. I hereby waive, release, and discharge the Gainesville Gaviatas, Inc., and all its affiliated organizations, including the owners of facilities used for the programs, as well as their officers, directors, employees, and agents (collectively, the "Released Parties"), from any and all liability and responsibility in the event that my child become injured in any way during their participation in synchronized swim events or activities associated with the Released Parties. I further state that I take full responsibility for any injury that may occur because of their participation, and that I will not hold the Released Parties responsible for any aggravation of preexisting injuries prior to or during their participation in any synchronized swim events or activities associated with the Released Parties. Knowing these risks, I give permission for my child to participate in synchronized swimming and further agree to abide by all rules associated with Gainesville Gaviatas, Inc., and all affiliated organizations.

## ***Financial Obligation***

I acknowledge the associated financial obligation for my child's training and competition groups (listed below). I agree to pay the fees listed below and participate in the required fundraising as designated by Gainesville Gaviatas, Inc. Failure to participate in the required fundraising and failure to pay the required fees will result in loss of membership to the club and my child will be unable to participate in training and competitions.

Monthly Dues: \$100 Novice/\$50 Junior Novice

I understand that the following items are not included in the fee schedule above and that there may be additional expenses:

- teamwear (black shorts, backpack, parka, etc.);
- nose clips and swim cap; and
- personal travel expenses and lodging for competitions.

Please email invoices to (print full name) \_\_\_\_\_

at (email address) \_\_\_\_\_ who will be the responsible party for all financial obligations. I understand that late payments are subject to a 2%

fee each month after the 15th of the month. Please remit payment by a bank-to-bank transfer through QuickBooks invoicing.

***Member Representative***

As outlined in the Gainesville Gaviatas, Inc. By-Laws, each member of the team, i.e., each athlete, shall have (or select) one person to act as their representative. The representative shall act on behalf of the member. The representative will have one (1) vote per athlete at meetings/elections.

Please indicate who will be the representative for the athlete:

Name of Athlete: \_\_\_\_\_

Name of Representative: \_\_\_\_\_

As the parent or legal guardian of \_\_\_\_\_ I acknowledge that I have read and understood this document and will adhere to the tenants stated within.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Print Full Name: \_\_\_\_\_

# Gainesville Gaviatas, Inc.

## 2023-2024 Season

### Video/Photography/Social Media Permission Form

I hereby give permission for the Gainesville Gaviatas, Inc. to use photographs and video taken during the 2021-22 Season.

I hereby consent to the use of these photographs of my child/dependent/self, and/or any copies of this photograph in any editorial and/or promotional material produced and/or published by Gainesville Gaviatas, Inc.

I agree that these photographs will be the exclusive property of Gainesville Gaviatas, Inc. and that all reproduction rights are handed over to the Gainesville Gaviatas, Inc. to use the photos in any medium in perpetuity.

I understand that signing this release does not guarantee publication of the photo.

I understand that there will be no compensation or remuneration for the use of the photo.

It is Gainesville Gaviatas, Inc.'s policy that athletes in photographs not be identified by name.

Athletes over the age of 18 may sign for themselves; athletes under 18 must have this release signed by their parent or guardian.

Social Media: please indicate if you give us permission to tag you in social media.

You have my permission to tag me in social media. Tag the following name(s):

\_\_\_\_\_

Do **not** tag me in social media

AGREED TO AND ACCEPTED BY:

Swimmer's full name: \_\_\_\_\_

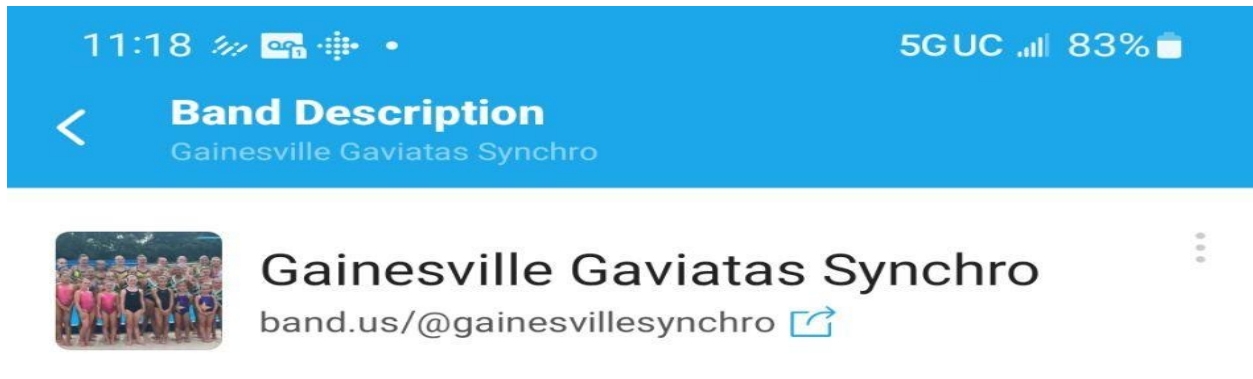
Parent's full name: \_\_\_\_\_

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

Date: \_\_\_\_\_

## Communication

Communication with families is one of our priorities as a team. We want to provide helpful, accurate, and timely information to our swimmers and their families. As a team we utilize the Band App to quickly send out information on practices, weather, or events. The Band App is free for download for both Apple or Android devices. Once you have created your profile, find our team and request to join. Other information will be sent via emails from our gmail listserv or individual board members. Please check your Spam folder for listserv emails.



### Band Activity

• Created on **August 2017**

Once joined to our Band group, please update your account by selecting members then click the ‘wheel’ for settings beside your name. From there you can list your relationship to the team ie your swimmer’s Mom.

Gainesville Gaviatas, Inc  
2023-2024 Season

Voluntary Health Information Form

Swimmer’s Name:

Chronic Medical Conditions that you would like coaches to be aware of:  
(i.e. Asthma or other respiratory conditions, cardiac conditions, orthopedic concerns, or anemia)

Mental Health concerns or stressors the coaches should be aware of:

Medications that the swimmer will have available while at the pool:

Primary Care Provider:

Preferred Hospital: