

2024 Parent Handbook



Gators Swim Team

RIVER TRAILS PARK DISTRICT

**1500 E. Euclid Ave.
Mount Prospect, IL 60056
847.255.1200
www.rtpd.org**

Dear Swim Team Parents,

Welcome to the 2024 Gator Swim Team!

Your Gator Handbook has pool rules of the River Trails Park District and the purpose and philosophy of the Northern Illinois Swim Conference (NISC). Please read each portion of the handbook.

Also enclosed are the Code of Ethics and Emergency Information forms. The Code of Ethics should be read and signed by both you and your swimmer.

Remember that parents MUST complete the P.A.Y.S. (Parents Association for Youth Sports) certification. **Your child(ren) will not be able to participate until all legal guardians have completed the certification.** This is a one time, 45-minute sportsmanship clinic that costs \$6 per family. P.A.Y.S. helps coaches and parents work together to provide the best possible sport experience for children. The program is designed to stop negative behaviors before they happen, educate parents on their roles and responsibilities, enhance parent/league relationships, hold P.A.Y.S. parents accountable for their actions according to the Parent Code of Ethics and utilize innovative material and resources to promote positive youth sports. Upon completion, each parent will receive a P.A.Y.S. membership card. If you have already taken this program for another youth sport, you are not required to take it again, just show us your membership card. If you need to take it, **P.A.Y.S. is available to take online. Visit our website at www.rtpd.org and click on PAYS under Athletics and look for the online program link.** **The River Trails Park District Code # is 1319.**

NISC Conference Swim Meet will be Wednesday, July 24; please keep this date available.

If you have any questions or concerns, please call me at 847.255.1200.

Sincerely,

Katie Halverson, CPRP, AFO
Recreation Supervisor



RIVER TRAILS
P A R K D I S T R I C T

Northern Illinois Swim Conference 2024

Division B

Antioch
Bolingbrook
McHenry
Park Ridge
River Trails
Vernon Hills

June 12

Intersquad Meet at River Trails

June 19

River Trails at Park Ridge

June 26

McHenry at River Trails

July 3

Bolingbrook at River Trails

July 10

River Trails at Vernon Hills

July 17

River Trails at Antioch

July 24

Conference Meet at Park Ridge

Northern Illinois Swim Conference 2024

Information for Directions:

- Park Ridge Park District – Centennial Aquatic Center
- 100 S. Western Ave. Park Ridge, 60068
- 847.692.5044

- Village of Antioch – Antioch Aquatic Center
- 739 Main St. Antioch, 60002
- 847.395.7665

- Vernon Hills Park District – Vernon Hills High School
- 145 Lakeview Parkway Vernon Hills, 60061
- 847.932.2000

Swimming Success

The success of your child's swimming experience depends on many different factors. Our coaching staff will place each child in the appropriate workout level according to his/her individual skill. Children will gain self-esteem while working on their swimming skills. Being a swimmer may be temporary, self-esteem lasts forever.

A good portion of practice will involve repetition of skills, work on strength, endurance and technique. What may appear to be playing around might actually be a swimming drill to improve technique. If your child is having problems with a certain stroke or skill, please inform the coaches.

Please remember to reward your child for the effort and dedication they have given. As in most situations in life, these two skills will encourage positive outcomes.

Remember to be positive and supportive not only with your child, but with other members on the team as well. This includes being supportive at the team functions. If there is a suggestion or concern, please feel free to set up a meeting with the coaches and Swim Team Coordinator.

Swim Practice and Meets

Since there is only ONE HOUR for practice, your child should be stretched, changed and ready to jump in the water at 5:15 pm. This will help out tremendously, by utilizing valuable time in the water for technique and endurance.

Each swimmer needs to have the proper attire for practices and meets. **Goggles are a must for practices.** We cannot lend them out so please make sure your child has at least 2 pairs of proper fitting goggles at every practice.

Whether at practice or a swim meet, remind your child to **always try their best!**

Please work cooperatively and respectfully with RTPD employees and volunteers. We're all here for the same purpose, to provide a fun positive swimming experience for your child. If you would like to meet with any of the coaches and/or RTPD staff member, please set up a meeting.

Swim Line-Ups are final when they are posted. The coaching staff will do their best to give each swimmer an opportunity to swim each event although this may not always be possible.

Remember to encourage all swimmers to swim a best time at a meet. Each swimmer should be adequately rested and nourished prior to the meet.

All swimmers will swim in the dual swim meets.

Practice Times

June 10 - July 26, 2024

Practices will be Monday-Friday at 5:15-6:15 p.m. (No practices on meet days!). There will be a dry land practice for all swimmers 13 years and older on Mondays and Thursdays at 5 pm. Bring your shoes and shirt and be ready to work.

Swim Team Pictures

Thursday, June 27, 2024

PMI will take the Swim Team Pictures this year. Please wear your swim team suit if you have one and remember to smile. We will have a short practice after the pictures are taken.

Team Swim Suits & Spiritwear

We are working with the 'Swim Team Store' out of Wheeling for team suits and spirit wear this year. They are not required, but are offered at a great team rate. Just go to their website www.theswimteamstore.com and enter user: riverl and pw: trails for access to our custom site.

Meets

PARENTS: We cannot run a successful team without parent volunteers. We require every family to come out and help. **We need your help at the Swim Meets!** Timers, Runners, Ribbon Writers and Scorekeepers. **Each swimmer is REQUIRED to have a family member volunteer at half of one meet (4hrs) as timer.** Please remember to sign up to help at meets at the Parent Meeting, which is immediately following the 1st night of practice, June 12.

Volunteers, please check in with the Swim Team Manager at the Woodland Trails Pool before the start of the meet.

During away meets, River Trails Park District has limited space for providing one way transportation to the meet, but does not provide transportation back to Mount Prospect. This is for team members only, and a signup sheet will be distributed prior to the meet. Space may be limited depending upon current restrictions.

Northern Illinois Swim Conference Purpose

The purpose is to efficiently and economically provide a swimming opportunity designed to provide wholesome, constructive and enjoyable leisure experiences that benefit the individual and the participating organization.

To meet this purpose, the Conference has identified the following to be major components of its organization:

1. The Conference will be designed to promote positive learning experiences that enhance the quality of life.
2. The Conference will emphasize FUN, developing new skills, fair play and sportsmanship.
3. The Conference will be conducted with the utmost safety of the participants and spectators in mind.
4. The Conference will be designed to promote positive self-esteem and self-confidence of the participants.

Northern Illinois Swim Conference Philosophy

The Northern Illinois Swim Conference is a recreational swim conference for youth up to 18 years of age. Emphasis is placed on learning competitive skills, enjoyment of the sport and lifelong participation in swimming. The Conference focuses on the dual meets strictly for the experience. The sport of swimming involves competition as a team and as an individual. It is the desire of the Conference to keep the intensity of the competition at a recreational level which stresses fun, learning and participation by all.

Gators Coaches' Code of Ethics

I will place the emotional and physical well being of my swimmers ahead of any personal desire to win.

I will remember to treat each swimmer as an individual, remembering the large spread of emotional and physical development for the same age group.

I will do my best to provide a safe environment for my swimmers.

I will review and practice the necessary first aid principles needed to treat injuries of my swimmers.

I will do my best to organize practices that are fun and challenging for all.

I will lead by example in demonstrating fair play and sportsmanship to all of my swimmers.

I will insure that I am knowledgeable in the rules and that I will teach these rules to my swimmers.

I will use those coaching techniques appropriate for the skills and the age that I coach.

I will remember that I am a youth coach and that the competition is for the children, not for the adults.

Gators Swimmers' Code of Ethics

I will exhibit good sportsmanship and be an example to my teammates.

I will encourage good sportsmanship from fellow swimmers, coaches, officials and parents at every meet and practice.

I will attend every practice and meet that is reasonably possible and will notify my coach in advance if I cannot attend.

I will come fully prepared to work, bringing to every practice and meet goggles that fit, a suit, a cap and a positive attitude.

I will do my very best to listen to and learn from all of my coaches and will complete every set without disrupting anyone else's workout.

I will treat my coaches, teammates, parents and officials with respect regardless of race, sex, creed or abilities and I will expect to be treated accordingly.

I will encourage my parents to be involved with my team in some capacity because it is important to me.

I will remember that sports is an opportunity to learn and have fun and I will alert my parents or coaches if it stops being fun or if I am injured or ill.

I will follow the rules of the team.

I will expect good sportsmanship from my child and will encourage it by demonstrating positive support for all swimmers, coaches and officials at every meet, practice or other youth sport event.

Gators Parents' Code of Ethics

I will help my child develop a sense of responsibility to the team. He/she will be prepared for every practice.

I will notify my child's coach in writing when he/she will miss a meet and/or any extended period of practice.

I will immediately inform my child's coach of any illness or injury that could affect my child's ability to practice or compete.

I will expect my child to treat other swimmers, coaches, parents, fans and officials with respect regardless of race, sex, creed or ability.

I will place the emotional and physical well being of my child ahead of any personal desire to win.

I will provide support for coaches and officials working with my child to provide a positive, enjoyable experience for all.

I will remember that the competition is for the children, not for the adults.

I will help my child enjoy this experience by becoming involved with the team in some capacity.

I will require that my child's coaches be trained in the responsibilities of being a youth sports coach, use techniques appropriate for the skills and levels they are coaching and be knowledgeable in the rules of the sport.

I will do my very best to make swimming fun for my child.

I will abide by the P.A.Y.S. program.

2024 GATORS SWIM TEAM INFORMATION

Please fill in all information starting with your oldest swimmer (Please print clearly)

SWIMMER INFORMATION

Last Name: _____ First Name: _____ M.I.: _____

Address: _____
_____ Home Phone: _____

Age: _____ (As of 6/15/24) Birth date: _____ Year Started w/Team: _____

Any injuries which would prevent swimmer from doing a particular stroke:

Allergies/Medications:

ADDITIONAL SWIMMERS

Last Name: _____ First Name: _____ M.I.: _____

Age: _____ (As of 6/15/24) Birth date: _____ Year Started w/Team: _____

Any injuries which would prevent swimmer from doing a particular stroke:

Allergies/Medications:

Last Name: _____ First Name: _____ M.I.: _____

Age: _____ (As of 6/15/24) Birth date: _____ Year Started w/Team: _____

Any injuries which would prevent swimmer from doing a particular stroke:

Allergies/Medications:

PARENTS INFORMATION

E-Mail Address(es) (All team communication will be e-mailed): _____

MOTHER

Name: _____
Work Phone: _____
Cell Phone: _____
Home Phone: (if different from above): _____

FATHER

Name: _____
Work Phone: _____
Cell Phone: _____
Home Phone: (if different from above): _____

Emergency Contact name and phone number (if parents cannot be reached):

Please fill out an Ethics Pledge for each swimmer. (Do not cut apart)

Family Surname: _____

Gator Ethics Pledge

We have read the Code of Ethics for the RIVER TRAILS GATORS. We understand and agree to all provisions of both the Swimmers' Code and the Parents' Code. We pledge to do our best to follow these provisions and accept the consequences if we fail to do so.

Swimmer's Signature

Parent's Signature

All swimmers age 13 and over:

I understand that we will have dry land training every Monday and Thursday at 5:00 pm and I will have shoes and a shirt on these days and will be ready to workout.

Swimmer's Signature

Gator Ethics Pledge

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Parent's Signature

All swimmers age 13 and over:

I understand that we will have dry land training every Monday and Thursday at 5:00 pm and I will have shoes and a shirt on these days and will be ready to workout.

Swimmer's Signature

EMERGENCY TREATMENT RELEASE

My Minor Child/Children (please print)

Last Name _____ First Name: _____

Date of Birth: _____

Last Name _____ First Name: _____

Date of Birth: _____

Last Name _____ First Name: _____

Date of Birth: _____

As a parent and/or guardian, I authorize that in a medical emergency regarding my minor child/children, that the local emergency medical service be contacted. If, as determined by the local emergency medical service, my child and/or children need immediate care and need to be transported to an emergency care center, I authorize treatment and transportation. If in the opinion of the attending physician at the emergency care center that further treatment is necessary, I authorize the treatment of my child/children.

I recognize that time is important during an emergency situation and I authorize emergency medical treatment for my child/children. However, a reasonable effort should be made to contact myself and/or if needed, the alternate emergency contacts listed below.

I declare that I exercised my own judgment in deciding whether to sign this agreement and I further declare that my decision to sign was not based on or influenced by any declarations or representations of the River Trails Park District or its employees, agents or instructors. In addition, I agree that I will be responsible for payment for any and all medical services provided.

Date: _____

Signature of Parent/Guardian: _____

Please print name _____

EMERGENCY CONTACTS:

Name: _____

Phone: (H) _____ (W) _____

Name: _____

Phone: (H) _____ (W) _____

Name: _____

Phone: (H) _____ (W) _____

EMERGENCY TREATMENT RELEASE (18 and Over)

(Please Print)

Last Name _____ First Name: _____

Date of Birth: _____

I authorize that in a medical emergency, the local emergency medical service be contacted. If, as determined by the local emergency medical service, I need immediate care and need to be transported to an emergency care center, I authorize treatment and transportation. If in the opinion of the attending physician at the emergency care center that further treatment is necessary, I authorize this treatment.

I recognize that time is important during an emergency situation and I authorize emergency medical treatment. However, a reasonable effort should be made to contact the alternate emergency contacts listed below.

I declare that I exercised my own judgment in deciding whether to sign this agreement and I further declare that my decision to sign was not based on or influenced by any declarations or representations of the River Trails Park District or its employees, agents or instructors. In addition, I agree that I will be responsible for payment for any and all medical services provided.

Date: _____

Signature: _____

Please print name _____

EMERGENCY CONTACTS:

Name: _____

Phone: (H) _____ (W) _____

Name: _____

Phone: (H) _____ (W) _____

Name: _____

Phone: (H) _____ (W) _____