

Effective September 1, 2025:

**Financial Policy:**

Registration Fee and Re-enrollment Fee: \$250.00/family

Dues are paid monthly and are due on the first of the month.

- **Seniors Group Rate:** \$250 per month
- **Gold Group Rate:** \$205 per month
- **Silver I & II Group Rates:** \$195 per month
- **Bronze Group Rate:** \$165 per month



- ***Please make checks payable to South Valley Stingrays***
- ***Auto-checks from your bank can be set up – please email us for details***

There is a \$25.00 late fee for payments received after the 10th of each month.

**Practice Groups**

- **Seniors Group**
- **Gold Group**
- **Silver Group**
- **Bronze Group**

*Swimmers are aligned to Groups based on ability.*

**USA Swimming Membership Registration**

Payable to USA Swimming not to SVS.

- \$89.00/full-year, per athlete

Required for swimmers who want to be eligible to swim at competitive meets.

All membership registration and payment is managed through the USA Swimming SWIMS portal at this link - [South Valley Stingrays USA Swimming Registration](#). Follow the prompts and watch/read the “How To’s” linked on the main login page.

**Monthly Dues Commitment:**

Membership in the Stingray program is a month-to-month commitment. If your swimmer does not swim for a month or longer and does not pay dues during that time, a re-enrollment fee, of \$250/per family, applies when your swimmer returns to the team. Initial\_\_\_\_\_

I have read and understand the dues commitment and Stingrays’ policies.

Parent Signature	Date

**Parent Participation Contract**Swimmer(s) Name(s):  

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- I understand that parental participation is a requirement as part of the Stingrays program if your children swim at USA Swimming Sanctioned or SVS Time Trials swim meets.
  - **Please note: Stingrays participants in swim meets require parent volunteers. The number of volunteers assigned to our team for a swim meet is based on the number of Stingrays swimmers participating. If your child is swimming in a meet, you will be expected to help fill positions assigned to our team.**
- I understand that fundraising activities are necessary to raise money for the team. Participation in fundraising activities is voluntary.

By signing my name, I acknowledge that I understand the responsibilities listed above and agree to the same.

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Parent's Signature

**Registration Information:**

Family Information

Name: \_\_\_\_\_  
*Mother's Full Name* *Father's Full Name*

Primary Address: \_\_\_\_\_  
*Street* *City* *State* *Zip*

\_\_\_\_\_  
*Email # 1* *Email # 2*

Phone  
(10 Digit): \_\_\_\_\_  
*Home #* *Mother's Cell #* *Father's Cell #*

**Swimmer #1**

Male\_\_\_\_ Female\_\_\_\_ New to Team\_\_\_\_ Returning\_\_\_\_ (check one)

NAME: Last First Middle Nickname

Birthdate Age Swimmer Cell Phone (if any)

School Grade Previous USA Swim Club

**Swimmer #2**

Male\_\_\_\_ Female\_\_\_\_ New to Team\_\_\_\_ Returning\_\_\_\_ (check one)

NAME: Last First Middle Nickname

Birthdate Age Swimmer Cell Phone (if any)

School Grade Previous USA Swim Club

**Swimmer #3**

Male\_\_\_\_ Female\_\_\_\_ New to Team\_\_\_\_ Returning\_\_\_\_ (check one)

NAME: Last First Middle Nickname

Birthdate Age Swimmer Cell Phone (if any)

School Grade Previous USA Swim Club

**Emergency Contact and Medical Information**

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Swimmer's Name

Date of Birth

Sex

Parent's/Guardian's Name

Parent's/Guardian's Name

Home or Work Phone (circle)

Cell Phone

Home or Work Phone (circle)

Cell Phone

Address

Address

City, State, Zip Code

City, State, Zip Code

**Alternative Emergency Contacts**

Primary Emergency Contact	Secondary Emergency Contact
Primary Emergency Contact Phone Numbers	Secondary Emergency Contact Phone Numbers
<b>Medical Information</b>	
Hospital or Clinic Preference	
Physician's Name	Phone Number
Insurance Company	Policy Number
Allergies/Special Health Considerations	

**Emergency Release and Field Trip Release**

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only if neither parent/guardian can be reached in the case of an emergency.

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Parent's/Guardian's Signature

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Date

I give permission for my child to go on field trips. I release South Valley Stingrays and individuals from liability in case of accident during activities related to South Valley Stingrays if normal safety procedures have been taken.

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Parent's/Guardian's Signature

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Date

**South Valley Stingrays Athlete Code of Conduct**

To be an active member of the South Valley Stingrays, I will act in accordance with the USA Swimming/Pacific Swimming rules, abide by all the rules and regulations of the team, attend swim practice regularly, put forth a conscientious effort to continually improve my swimming ability and always exhibit good sportsmanship. I will conduct myself in a respectful manner to parents, teammates, coaches, volunteers, officials, and other teams' athletes. I understand that disruptive or disrespectful behavior will not be tolerated. Coaches have the authority to remove a disruptive or disrespectful swimmer from practice, meets, or team events. Multiple behavioral issues may result in additional action, as determined by the Head Coach, which may result in suspension or dismissal from the team, with no refund of fees.

_____	_____
_____	_____
_____	_____
Signature(s)	Date

**South Valley Stingrays Parent/Guardian Code of Conduct**

**I will display good sportsmanship and positive support for all athletes, coaches, parents, and volunteers.**

- I will help censor the inappropriate behaviors of others as they reflect poorly and can be hurtful.
- I will not swear, bully, taunt, make fun of, harass, or use noisemakers at any time.
- I will respect the officials and coaches and their decisions.
- I will never question, argue, or confront officials or volunteers; I will talk to my coach to resolve issues.
- I will never challenge other parents/guardians during sanctioned swim practices or meets.

**I understand that South Valley Stingrays is a sports program that focuses on positive emotional and physical development, teamwork, and sportsmanship.**

- I will place the emotional and physical well-being of my child ahead of a personal desire to win.
- I will do my best to make sure that youth sports are a FUN and POSITIVE experience. I will demand a safe and healthy youth sports environment for my child.
- I will demand an environment that is free from drugs, tobacco, and alcohol.
- I will only spectate from the sidelines and will not stand in the starting area behind the blocks or in a position that obstructs the view of officials, coaches, or volunteers.
- I will not stand in the starting area during warm-ups.
- I will not take photos or videos behind the starting blocks.
- I will respect and not enter areas designated as athletes/officials/volunteers only.

**I will refrain from shouting instructions or coaching from the sideline.**

- I understand that shouting instructions to my own child can cause confusion to other athletes and coaches.

**I will ensure that I treat swimmers, coaches, officials, parents/guardians, and meet volunteers with respect regardless of race, sex, creed, or ability.**

- I will hold myself and my child accountable to the USA-S and my club's code of conduct.
- I will establish a good line of communication with my child's coach, and bring questions, issues, and concerns directly to him/her. My child's coach is responsible for bringing issues to the officials and/or meet staff.

**I will familiarize myself with the swimming rules for swim meets.**

- I will review and abide by the meet rules documented within the meet sheet.

***Enforcement of the Code of Conduct***

Enforcement of the code of conduct will vary based on the severity of the issues and complaints, up to and including, immediate suspension or removal from the venue, at the Meet Referee, Meet Director or Head Coach's discretion, and possible suspension or removal from the team, per the Head Coach's discretion.

\_\_\_\_\_  
Signature (All parents/guardians)\_\_\_\_\_  
Date**South Valley Stingrays / Rancho Santa Teresa Indemnity****RANCHO SANTA TERESA SWIM AND RACQUET CLUB  
Waiver of Liability and Indemnity Agreement**

I, \_\_\_\_\_, am voluntarily allowing my child(ren)/swimmer(s) to participate in South Valley Stingrays swim program offered by South Valley Stingrays (SVS), their owner, and coaches, and hosted at Rancho Santa Teresa Swim & Racquet Club, 286 Sorrento Way, San Jose, CA 95119.

I fully understand that my swimmer(s) might injure themselves because of their participation in the SVS swim program and I hereby release all SVS Coaches and Rancho Santa Teresa Swim and Racquet Club from any liability now or in the future, however caused, occurring during or after my participation in the SVS program.

By signing below, I acknowledge that I have read and understand this Release of Liability. I understand that I am waiving a legal right to bring a legal action and to assert a claim against the coaches, or facility, for negligence.

NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_