

2010

COLUMBIA FALLS
SWIM TEAM

P.O. BOX 156, COLUMBIA FALLS, MT 59912



REGISTRATION PACKET

2010 COLUMBIA FALLS SWIM TEAM (CFST)

WELCOME SWIMMERS AND FAMILIES!

The officers would like to welcome all new and returning swimmers and families to the 2010 Columbia Falls Swim Team (CFST). We are anticipating another very exciting and productive swim season.

We are pleased to announce Mike Nelson will be returning this summer as our head coach and will be joined by Stephanie Henjum as our assistant coach. Mike was a competitive swimmer, in this league, and then competed on a US Swimming Team and for his High School. Throughout college, Mike coached for both a USS Team and a High School Team. Mike is a strong, positive, motivational coach who brings out the best in his swimmers. He is expecting a fun and competitive season and has high hopes for the Columbia Falls Swim Team. Stephanie is excited for a wonderful and productive year as the new assistant coach. Stephanie started her swimming career as a CFST member and went on to swim for Spokane Area Swimming's USS Team and later was a swimmer for Whitworth College. She has carried her love for athletics into her adult life and enjoys competing in triathlons and running races. Both of our coaches are dedicated to developing a life-long love for swimming, good work ethic, positive attitudes, team spirit, patience and perseverance in each and every one of their swimmers. Mike and Stephanie believe swimming is a wonderful sport that brings families together and promotes life long wellness.

The practice times for the summer schedule are as follows:

6:00 am – 8:00 am	Senior Swimmers
8:00 am – 9:30 am	Junior Swimmers
8:00 am – 9:00 am	Neophyte Swimmers

We will host the fourth of July swim meet on July 3rd and 4th this year, so there will be a lot of planning and preparation, and as always, lots of jobs that need volunteers. Each family will be expected to help at this meet.

The following are the 2009-2010 CFST Officers. Please feel free to call on the Coaches, President, or any of the Board Members with questions, comments or concerns that you have for the team.

Head Coach	Mike Nelson	871-2489
Coach	Stephanie Henjum	890-3564
President	Courtney Babcock	755-4509
Vice President	Harry Bagley Jr.	212 1921
Secretary	Stephanie Henjum	890-3564
Treasurer	Jody Baiar	892-5822
Director 2 yr term	Cory Shea	387-4002
Director 2 yr term	(Open)	
Director 1 yr term	Robin Erickson	892-9514
Director 1 yr term	Tina Piper	892-2585
Swimsuit Coordinator:	Tina Nelson	892-1242

2010 COLUMBIA FALLS SWIM TEAM (CFST)

SWIM TEAM SCHEDULE 2010

- April 25 Registration at the Glacier Discovery Center
6:00 pm to 8:00 pm
- May 3 – 28 Dry land practice starts. Monday and Wednesday's from 4:00 to 5:30.
We will start at Pinewood Park. Other accommodations may be made
depending on weather.
- May 23 Potluck at the pool at 5:30 pm. Meet the Coaches. Bring a main course
meal and dessert to share. Also, bring your own plates, silverware,
drinks and chairs.
- June 1 - 9 Swim Practice at the Wave 4:00pm – 6:00 pm.
- June 10 2nd Annual Duel in the Pool at the Wave 4:00pm – 6:00pm
- June 11 AM Practice at our pool (Pinewood Pool)
- June 12 & 13 Swim Meet in Bitterroot
- June 14 – July 30 AM Practice at our pool (Pinewood Pool)
- June 19 & 20 Swim Meet in Cut Bank
- June 26 & 27 Swim Meet in Plains
- July 3 & 4 Swim Meet in Columbia Falls
- July 10 & 11 Swim Meet in Shelby
- July 17 & 18 Swim Meet in Chester
- July 24 & 25 Divisional Swim Meet in Fort Benton
- July 31 & Aug 1 State Swim Meet in Conrad
- August 5 End of Season Awards at Pinewood Pool
Potluck and awards

2010 COLUMBIA FALLS SWIM TEAM (CFST)

MEET INFORMATION

Bitterroot: Drive south on 93 for about 4 hours, straight to Hamilton. Turn left at the first stop light as you come into Hamilton. This is Fairgrounds Road. About a half mile down the road, turn right on Kurtz Lane. Hamilton High School will be on your left, complete with large parking area. Bitterroot Aquatic Center (new pool) is about halfway down this street (Kurtz Lane) on the right.

Motels: Holiday Inn Express/139 Bitterroot Plaza (375-2525), just off Highway 93 as you come into town. To get to it, turn right at the First Interstate Bank. It's straight ahead. Super 8/1325 N. 1st (Hwy. 93) (363-2940), Comfort Inn/1113 N. 1st (363-6600), Both Super 8 and Comfort Inn are a bit further down Highway 93 on the right side of the street. Super 8 is next to Albertsons, and Comfort Inn is right by 4B's and Town Pump. City Center Motel/415 W. Main (363-1651)

The City Center Motel is on Main Street and used to be across the street from the old pool site, which is now a parking lot. Holiday Inn Express has a good breakfast bar in the mornings.

Cutbank: Follow Highway 2 from Columbia Falls east into Cutbank. About a 2 to 2.5 hour drive. In Cutbank, turn right on Third Avenue to get to the park and pool. We typically camp on the southeast corner. The dance is across town, so we carpool the kids.

Motels: Northern Motor Inn (873-5662), Corner Motel (873-5588), Glacier Gateway Inn (873-5544), Riverview RV Park (873-4151). They have Pizza Hut, Taco Johns and McDonalds.

Plains: Plains is about a 2 to 2.5 hour drive from Columbia Falls. Take Highway 93 south on the west side of Flathead Lake, turn right onto 28 at Elmo Bay. When you get to the Highway 200 junction, turn right and go into Plains. About halfway through town, turn left across the RR tracks and go about 4 blocks to the park and pool. We usually stay in the southeast corner of the park.

Motels: Crossroads Motel and RV Park (826-3623), Tops Motel (826-3412), Quinn's Hot Springs Resort (826-3150)

Shelby: On Highway 2 east, just about 3 hours. Turn right at the Crossroads Motel to get to the pool. Motels: Glacier Motel and RV Park (434-5181), Comfort Inn of Shelby (434-2212) pool, Totem Motel (434-2930), O'Haire Manor Motel (434-5555), Crossroads Motel (434-5134)

Chester: Take Highway 2 east to Chester, it takes about 3 ½ to 4 hours. Turn South on Main St and go to the end of the street, the high school is on the left and the pool is on the right.

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Fort Benton: Take Highway 2 east to Chester, turn right on Highway 223 south to Fort Benton, or go to Great Falls and take Highway 87 north to Fort Benton. Drive down into town and go left to find the park next to the river. We usually park on the west end; look for the 7 plates. There is a lot of history here and some good fishing for those interested.

Fort Benton Motels: Grand Union (622-1882), Pioneer Lodge (622-5441)

Fort Motel (622-3312)

Fort Benton RV Park: 406-622-5015 (about 4 blocks from the pool)

Great Falls Motels: Great Falls is only 38 miles from Fort Benton.

Fairfield Inn (454-3000), Hampton Inn (453-2675), Heritage Inn (761-1900)

Holiday Inn (727-7200), Townhouse Inn (761-4600)

Conrad: Take Highway 2 east to Shelby and turn south on Interstate 15, about a 3 hour trip. Some people take Highway 2 to 89 to 44 to 15. The exit off of 15 goes right on to Main in Conrad, go down to 6th Avenue SW and turn right, a block to the park(s). We usually congregate on the south side of the park. The shower house is open late. Motels: Super 8 (278-7676), Northgate Motel (278-3516), Motel Conrad (278-7544). Pondera RV Park (right across the street from the pool) 271-2263. There is a small mall with a grocery store across the street, and the Keg Restaurant has the best chicken.

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TEAM BREAKFAST: Each morning (Sat/Sun), breakfast is prepared for the swimmers and families (by the Dads). Breakfast usually consists of pancakes or French toast, coffee, hot chocolate, and occasionally sausages and/or fresh fruit. The time is set by the Coach, and the cost is \$1 per person. We use the money to purchase the perishable foods, but would like the rest of the groceries donated. Please plan on donating some of the following items at least once during the summer: pancake mix, syrup, paper plates, forks, napkins, coffee, hot chocolate. Those who wish to donate perishable items (sausages, fruit, eggs, bread, milk) should bring them to the meet and notify the breakfast host ahead of time. There will be a sign-up sheet to pull the trailer containing all the breakfast items.

POTLUCKS: We will be having potlucks throughout the summer, to be announced. Families participating in the potlucks should bring a main dish item, as well as a salad or dessert. Also, please bring your own beverages, plates, utensils, and chairs.

TEAM PICTURES: Team pictures will be held during the season. Our Coach will announce the date/time of picture day(s) during practice.

2010 CFST REGISTRATION AND RELEASE FORM

NAME _____ BIRTHDATE _____ SEX _____
NAME _____ BIRTHDATE _____ SEX _____
NAME _____ BIRTHDATE _____ SEX _____
NAME _____ BIRTHDATE _____ SEX _____
PARENT/GUARDIAN _____
MAILING ADDRESS/CITY/ZIP _____
HOME PHONE _____ EMAIL _____
SWIMMER'S EMAIL _____
PARENT WORK PHONE _____ CELL PHONE _____

I, the parent or guardian of _____ (full name(s) of swimmer(s)), give my approval for his/her participation in any of the organized and supervised activity program conducted by CFST with the full understanding of the following conditions:

1. I understand that the possibility of major and/or minor injuries is an inherent danger in all sports activities. Sprains, fractures, joint injuries and bruises are a few of the more common, but not all inclusive dangers. Swimming can result in injuries that may include, but is not limited to, head, neck or joint injuries, bruised organs, fractures, and in severe cases, paralysis or even death.
2. I understand that no member of the Board of Directors (Officers) of the CFST, or any employee or representative thereof, will under any circumstances, be held liable for accident, illness, fatality, or medical bills incurred as a result of participation in the activity program or associated trips.
3. I understand that the CFST carries only secondary insurance on my child and the insurance will pay only for partial payment once my own insurance runs out. If I carry no insurance, I understand this secondary insurance may not cover my child entirely.
4. I understand that I am granting permission for my child to participate in any Swim Team supervised activity except (list exceptions if they exist) _____

5. I understand that my child's Coach(es)/sponsor reserves the right to remove them from the team or take disciplinary action for any infraction that is considered by the coach/sponsor as being a detriment to the team and/or its members, (refer to code of conduct).
6. In the event that my child is injured and needs medical attention and I am not present, I give my permission for medical procedures to start while efforts are being made to contact me. I understand efforts will continue to be made to contact me and I accept responsibility for all costs related to such treatment. Please initial one:
YES _____ NO _____

7. Please list medical conditions or allergies should your child need medical attention:

I certify that I have read and completed this form to the best of my knowledge and that I have a full understanding of its conditions.

Swimmer's Signature _____ Date _____
Swimmer's Signature _____ Date _____
Parent/Guardian's Signature _____ Date _____

REGISTRATION COST \$75.00 FIRST CHILD, \$50.00 EACH ADDITIONAL CHILD

REGISTRATION COSTS: _____ x \$75, _____ x \$50 Total: _____
SWIM SUIT COSTS: count _____ Total: _____
SWIM CAP COSTS: count _____ Total: _____
TEAM WEAR COSTS: count _____ Total: _____
POOL PASS(city, out): [] Individual (\$32, \$40) [] Family (\$55, \$69) Total: _____
TOTAL COSTS DUE: PAYABLE TO CFST: \$ _____

All fees are due by the first meet in June.

2010 COLUMBIA FALLS SWIM TEAM (CFST)

COLUMBIA FALLS SWIM TEAM CODE OF CONDUCT

As a member of the Columbia Falls Swim Team, you will be expected to conduct yourself in a manner acceptable to the general standards of good behavior. In particular:

1. All swimmers must display good sportsmanship in practice and in meets, as well as at all times when representing the Swim Team. This includes behaving with grace and dignity in both victory and defeat.
2. Swimmers shall not use profanity at any time during a Swim Team function (practices, meets, dances, camping areas, etc.)
3. All swimmers shall be supportive and respectful of their teammates, opponents, officials, coaches and parents.
4. All swimmers shall contribute to the setup and tear-down of all practices. This means active participation daily.
5. All swimmers shall put the success of the team ahead of individual goals.
6. Swimmers must make all practices in order to compete in the swim meets. (Exceptions can be arranged with the Coach.)
7. Swimmers must notify the Coach of participation in the coming swim meet by the end of practice on Tuesday of the same week.
8. Use of tobacco products, performance enhancing drugs, illicit drugs, and alcohol by team members is strictly prohibited.
9. Swimmers will abide by curfews imposed by the host team.

Any violation of the above rules may result in dismissal from the team. There shall be no warnings necessary. All team members shall be required to agree to the above rules as a condition to their participation on the Columbia Falls Swim Team.

Swimmer's Signature _____ Date _____

Parent's Signature _____ Date _____

2010 COLUMBIA FALLS SWIM TEAM (CFST)

Goals and Comments

Name: _____

Favorite Stroke: _____

Favorite Event: _____

Best Time(s): _____

Goal Time for State: _____

What would you like to achieve in swimming this year:

What would you like to achieve personally this year:

Comments / Suggestions:

Parent Comments / Suggestions:

2010 COLUMBIA FALLS SWIM TEAM (CFST)

SWIM SUIT ORDER

PARENT'S NAME _____ PHONE _____

PLEASE INDICATE NUMBER OF EACH SUIT IN SPACES BELOW, SUBTOTALS TO THE RIGHT SIDE OF PAGE, AND TOTAL AT THE BOTTOM.

NOTE: ADD TOTAL COSTS TO REGISTRATION SHEET

MALE SUIT SIZES ARE AT THE HIP – See Tina Nelson

YOUTH JAMMER	22 _____	24 _____	26 _____	28 _____						X \$14 ea
ADULT JAMMER	26 _____	28 _____	30 _____	32 _____	34 _____	36 _____	38 _____			X \$25 ea

FEMALE SUIT SIZES – See Tina Nelson

YOUTH	22 _____	24 _____	26 _____	28 _____		X \$26 ea _____
ADULT	30 _____	32 _____	34 _____	36 _____	38 _____	X \$37 ea _____

SWIMMER NAME	SUIT SIZE	# OF EACH	COST
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

TOTAL SWIM SUIT COSTS: _____

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SWIM CAPS – Blue, Silicone \$8.00 each

SWIMMER NAME	QUANTITY	COST
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

TOTAL SWIM CAP COSTS: _____

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SWIM GOGGLES

SINCE IT IS EASY TO FIND GOGGLES IN THE AREA STORES (TARGET, SPORTSMAN, COSTCO) AND EVERYONE'S TASTE IS DIFFERENT, PLEASE PURCHASE THESE ON YOUR OWN.

2010 COLUMBIA FALLS SWIM TEAM (CFST)

TEAM WEAR ACCESSORIES

NAME _____ PHONE _____

CHOICE OF ROYAL BLUE OR ASH

NAMES – ADD \$2.00 - ALL ITEMS ARE EMBROIDERED WITH THE TEAM LOGO

T-SHIRT

ADULT \$11.00 SIZE _____ COLOR _____ COST _____
YOUTH \$10.00 SIZE _____ COLOR _____ COST _____

Name: _____ *

DRI-MESH SHORT SLEEVE T-SHIRT

ADULT MEN \$21.00 SIZE _____ COST _____
ADULT LADIES \$21.00 SIZE _____ COST _____

Name: _____ *

SPORT-TEK PULLOVER HOODED SWEATSHIRT

ADULT \$27.50 SIZE _____ COST _____

Name: _____ *

HOODED SWEATSHIRT (PLAIN)

ADULT \$27.50 SIZE _____ COLOR _____ COST _____
YOUTH \$20.00 SIZE _____ COLOR _____ COST _____

Name: _____ *

SWEATPANTS

ADULT \$18.00 SIZE _____ COLOR _____ COST _____
YOUTH \$15.00 SIZE _____ COLOR _____ COST _____

Name: _____ *

MESH SHORTS (9" INSEAM)

ADULT \$17.00 SIZE _____ COST _____
YOUTH \$15.50 SIZE _____ COST _____

Name: _____ *

FLEECE VEST

VEST \$30.00 SIZE _____ COLOR _____ COST _____

Name: _____ *

TEAM JACKET

ADULT \$38.50 SIZE _____ COST _____
YOUTH \$37.00 SIZE _____ COST _____

Name: _____ *

SPORT DUFFLE BAG \$25.50

COST _____

Name: _____ *

OCEAN SPLASH CAP \$14.00

COST _____

CINCH PACK \$11.50

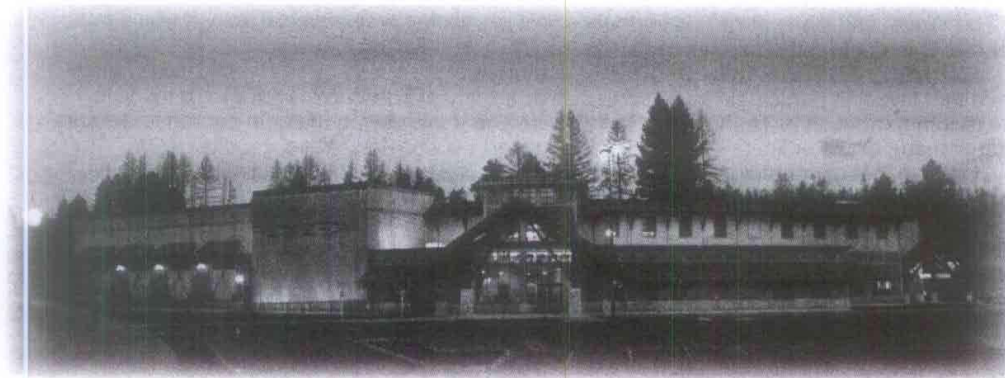
COST _____

BEACH TOWEL \$19.00

COST _____

TOTAL TEAMWEAR COSTS: _____

RETURN FORM TO: TINA NELSON 892-1242



Guest Handbook

THE WAVE



Aquatic & Fitness Center

Date _____

Name (Print) _____

Address _____

City _____ State _____ Zip _____

Phone # () _____

Emergency contact name _____ Phone # _____

Would you like to receive our e-newsletter? YES NO

E-mail _____

The Wave and their agents assume no liability for persons who undertake physical activity at The Wave, and if any person is in doubt about increasing their physical activity you should consult your doctor prior to physical activity.

EXPRESS ASSUMPTION OF RISK: I, the undersigned, hereby expressly and affirmatively state that I wish to participate in exercise and/or activity at The Wave. I am aware that it is the recommendation of The Wave to speak with your doctor by phone or in person to discuss exercise guidelines or limitations BEFORE you start utilizing The Wave.

I realize that my participation involves risks of injury, including but not limited to strains, sprains, heart attack, stroke or even death. I also recognize that there are many other risks of injury, including serious disabling stroke or even death. I also recognize that there are many other risks of injury, including serious injuries that may arise due to my participation in these exercises or activities. I understand it is not possible to specifically list each and every individual injury or risk. However, knowing the material risks and appreciating, knowing, and reasonably anticipating that other injuries and even death are a possibility, I hereby expressly assume all of the delineated risks of injury, all other possible risk of injury, and even risk of death, which could occur by reason of my participation.

Printed Name _____ Birth date _____

Signature _____ Date _____

Parent or Guardian if under 18

Printed Name _____ Birth date _____

Signature _____ Date _____

Parent or Guardian if under 18

Printed Name _____ Birth date _____

Signature _____ Date _____

Parent or Guardian if under 18

Printed Name _____ Birth date _____

Signature _____ Date _____

Parent or Guardian if under 18

Printed Name _____ Birth date _____

Signature _____ Date _____

Parent or Guardian if under 18

RELEASE OF LIABILITY: Any questions I had were answered to my full satisfaction. I understand the potential risk of illness, injury or aggravation of re-existing conditions. I consent to emergency treatment, including the administration of whatever medication deemed necessary by emergency medical personnel for my care in the event of injury or illness. I understand the performance of any exercise is my responsibility and NO EXERCISE IS MANDATORY. With this understanding I release The Wave, its agents, and employees from liability associated with my own negligence in participating in my exercise program.

Printed Name _____

Signature _____ Date _____

Parent or Guardian if under 18

Printed Name _____

Signature _____ Date _____

Parent or Guardian if under 18

Printed Name _____

Signature _____ Date _____

Parent or Guardian if under 18

Printed Name _____

Signature _____ Date _____

Parent or Guardian if under 18

Printed Name _____

Signature _____ Date _____

Parent or Guardian if under 18