



# Swim Team Registration

A USA Swimming affiliated program (October-July)

## 2011-2012

Thank you for printing clearly.

### PARENT/GUARDIAN:

Mom's Name: \_\_\_\_\_ Member?  Yes  No Membership #: \_\_\_\_\_  
 Dad's Name: \_\_\_\_\_ Member?  Yes  No Membership #: \_\_\_\_\_  
 Guardian's Name: \_\_\_\_\_ Member?  Yes  No Membership #: \_\_\_\_\_

### PARTICIPANT:

Membership/Agreement Number: \_\_\_\_\_ Birth Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Month Day Year

Name: (First) \_\_\_\_\_ (Middle Initial) \_\_\_\_\_ (Last) \_\_\_\_\_  
 Member  Non-Member Child of Member Gender:  M  F

Address: \_\_\_\_\_ School District: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_-\_\_\_\_\_  
 Home Phone: (\_\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_  
 Cell Phone: (\_\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_  
 Work Phone: (\_\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_  
 Alternate Phone: (\_\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_

**NOTE: All team information is distributed via e-mail:**

Primary E-mail: \_\_\_\_\_  
 Secondary E-mail: \_\_\_\_\_

**MEDICAL INFORMATION:** Participant has the following health problems or risks that the staff should be aware of:

### EMERGENCY INFORMATION: In case of an emergency (and parent/guardian is not available), contact:

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_  
 Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_

### SWIM TEAM DETAIL:

**GROUP:**  White  Blue  Bronze  Silver  HS Prep  HS Prep Plus  Senior Prep  Senior

Start Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Month Day Year Shirt Size: (Child)  S  M  L (Adult)  S  M  L

### PRACTICE SCHEDULE:

Days: \_\_\_\_\_ Times: \_\_\_\_\_  
 Option 1:  M/W  T/TH \_\_\_\_\_:\_\_\_\_\_  
 Option 2:  M/W  T/TH \_\_\_\_\_:\_\_\_\_\_  
 Option 3:  M/W  T/TH \_\_\_\_\_:\_\_\_\_\_

### BILLING PLAN:

Season in 1 (pay in full)  
 Season in 6 (6 payments, October-March)  
 Season in 10 (10 payments, October-July)

### OFFICE USE ONLY

Registration Fee: \$ \_\_\_\_\_  
 \$ \_\_\_\_\_ per month  
 \$ \_\_\_\_\_ per month

### TERMS AND CONDITIONS: Please initial all four conditions.

1. An annual non-refundable registration fee is required at the beginning of each season and will be posted automatically to your PRO Sports Club account when registration is processed. Thereafter, monthly charges will be posted according to the billing plan chosen and will appear on a monthly statement. **(Initials: \_\_\_\_\_)**
2. Written notice is required in advance for planned time off during the season. Time off is allowed on a monthly basis - discounts are not given to swimmers who only participate for a partial month. Aquatics Department must approve the written notice first, after which written notice must be received by the Accounting Department by the 15<sup>th</sup> of the month for the following month to be excused. **(Initials: \_\_\_\_\_)**
3. Time off is allowed for a maximum of two months. Time off exceeding this 2 month timeframe will result in lost training space and will require a retest/tryout to return to the team. Return is based on space availability. **(Initials: \_\_\_\_\_)**
4. Additional swim meet fees may apply and will be billed accordingly. **(Initials: \_\_\_\_\_)**

### SIGNATURES: By my signature below I understand and agree to the above terms and conditions.

\_\_\_\_\_  
 Participant (Parent/Guardian - If participant is under age 18) \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Month Day Year

\_\_\_\_\_  
 PRO Sports Club Representative \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Month Day Year