

Registration/Membership Form

Please Print

Last Name: _____ First: _____ MI _____

Age _____ Date of Birth _____ Sex: M or F Race: (Optional) Caucasian Black Hispanic Other

Mailing address: Street _____

City: _____ State _____ Zip: _____

Father's Name _____ Mother's Name _____

Address _____ Address (if different) _____

Home #: _____ Cell(Dad) _____/(Mom) _____

*E-Mail(s): _____

Emergency contact _____ Phone# _____

Medical concerns/ conditions that your child is currently being treated for:

_____ Due to space limitations and swimmer safety, the 2018-2019 maximum membership will be capped at 85 swimmers. **As of 8/1/13 it is no longer financially possible for HHSC to offer discounts to High School Swimmers.

_____ Full Membership Total Fee \$450 Down Payment \$225 Ck# CC PayPal Balance \$225 Due by 11/1 Ck# CC PayPal

_____ Friends & Family Sponsor \$50 Due by 12/31 Ck# CC PayPal

(Per swimmer for first two swimmers)

_____ Sibling Discount (First two swimmers pay full price, all additional swimmers pay \$100) _____ 30 Day Trial*** Total Fee \$115 Paid on _____ Ck# CC PayPal **Sept. 12-Oct.21 Balance due at end of 30 day period \$335 Ck# CC PayPal

New Membership referred by: _____

All Deposits are non-refundable ## A convenience fee of \$6.50 per swimmer will be applied to each credit card transaction. Qualifying outreach swimmers fees will be reduced by \$65.

***Until your child decides to join the club, the child cannot compete in any meets until he/she is registered with USA Swimming, which takes about two weeks. The USA Swimming Membership fee of \$69 is included in your membership.

**Level 1 and Level 2 Swimmers – In the event of a large number of level 1 and level 2 swimmers these groups will be split into two sessions. Please indicate which session you would prefer. HHSC will try to honor all requests in the order that they are received. Please note that it may not be possible to honor all requests. All swimmers will be placed into levels after the two week evaluation period. All swimmers should attend at 6:15 PM until notified otherwise. _____ Session 1 6:15-7:00 _____ Session 2 7:00-7:45 _____
Either Session

Please make checks payable to HHSC ALL PARENTS MUST SIGN AND DATE THE PARENTAL CONSENT, MEDICAL AND PHOTO RELEASE ON THE BACK OF THIS FORM. Please review the Policy Handbook with your swimmer(s) and sign the agreement on the back of this form. HHSC PARENT/SWIMMER AGREEMENT (MUST BE SIGNED TO PARTICIPATE) PLEASE USE ONE FORM

PER SWIMMER

Hammerhead Swim Club PO Box 541 Fredonia, New York 1406 www.hammerheadswimclub.org

SWIMMER'S NAME _____

PARENTAL CONSENT AND MEDICAL TREATMENT

I, the parent/guardian of the above registrant give permission for my son/daughter to participate in the Hammerhead Swim Club (HHSC). I understand that this is a physical activity and consequently may result in injuries. Permission is hereby granted to the coaches and/or officers of HHSC and SUNY Fredonia to obtain and administer such medical aid or emergency treatment as might be required for the immediate care of my child. I will not hold the HHSC or SUNY Fredonia legally or financially responsible for the emergency care and/or transportation of my child.

In the event an emergency arises, every effort will be made to contact the parents or guardians as soon as possible. I also agree to inform the coach of any change in my child's medical or physical condition, which develops or is discovered at any time after the date this document is signed. I, the parent/guardian and my child will abide by the rules and code of conduct of the Hammerhead Swim Club (HHSC).

SIGNED: _____ DATE: _____

PHOTO AND MEDIA RELEASE

Because the Hammerhead Swim Club's Website – <http://www.hammerheadswimclub.org> has expanded and will continue to expand, we want to add pictures from our meets and events to our site. Photos may have captions and include swimmer names. Additionally, we may release photos and articles to local newspapers to celebrate our swimmer's successes. As a result, parents or guardians who DO NOT wish to have their child's full name and/or photograph on the website must notify the Hammerhead Swim Club of their wishes. Please check the appropriate response: ___ Yes, I give my consent to use photos and/or name of my swimmer on the club's website and for any releases to the local media. ___ No, Please DO NOT use any photos and/or name of my swimmer on the club's website and for any releases to the local media.

SIGNED: _____ DATE: _____

I have reviewed the Hammerhead Swim Club Policy Handbook with the swimmer listed above and agree to the following:

___ Swimmer Rules as stated on page 3 of the Policy Handbook ___ Parent Rules as stated on page 4 of the policy Handbook ___ Communications and Electronic Communications Policies as stated on pages 9-11 of the Policy Handbook ___ Financial Payment Obligations and Refund/Termination policy as stated on pages 12-13 of the Handbook ___ Family Code of Conduct as stated on page 14 of the Policy Handbook ___ Swimmer Code of Conduct as stated on pages 15-16 of the Policy Handbook ___ Grievance Policy as stated on page 17 of the Policy Handbook ___ Action Plan to address Bullying on page 16 of the Policy Handbook and as listed on the HHSC Website

_____ Swimmer Signature Date

_____ Parent Signature Date

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