

**2010/2011 Evergreen Swim Club
Contract and Registration Form**
(All fields are required or forms/athlete registration will be returned)

For Coaches Use Only

Group: _____

Fitness: _____

Trial Date Begins: _____

Trial Date Expires: _____

Swimmer's Name: Last _____ First _____ Middle _____

Sex: M / F Age: _____ DOB: ____/____/____ Group: _____ *(If returning member)*

Address: _____ City: _____ Zip: _____

Mailing Address: (if different) _____ City: _____ Zip: _____

Father/Guardian First and Last Name: _____

Mother/Guardian First and Last Name: _____

E-Mail Address: _____ Home Phone: _____

Father Work Phone: _____ Father Cell Phone: _____

Mother Work Phone: _____ Mother Cell Phone: _____

How did you hear about us? Flyer/other swimmer? _____ T- Shirt Size: _____

Disability:

___ A. Legally Blind or Visually Impaired

___ B. Deaf or Hard of Hearing

___ C. Physical Disability such as amputation, cerebral palsy, dwarfism, spinal injury, mobility impairment

___ D. Cognitive Disability such as mental retardation, severe learning disorder, autism

Race and Ethnicity (make up to two choices if appropriate): (Required by USA Swimming for Enrollment Form)

___ Q. African American

___ R. Asian

___ S. Caucasian

___ T. Hispanic or Latino

___ U. American Indian & Alaskan Native

___ V. Some Other Race

___ W. Native Hawaiian & Other Pacific Islander

U.S. Citizen? ___ Yes ___ No Are You a Member of another FINA Federation? ___ Yes ___ No
If yes, which Federation? _____

Year Last Registered with a Swim Club _____, if you registered with a different USA Swimming Club in '09-'10
enter that Club Code _____, LSC Code _____ and the date of your last competition representing that Club
____/____/____

Sign Here: _____
Signature of Athlete (over 18), Parent or Guardian

****NOTE: Except for 1-week trial period, swimmers without current USA swimming registration & fee, contract, medical form, concussion form, and liability waiver will not be allowed in the pool.****

Evergreen Swim Club

CONTRACT: As part of the ESC program, all swimmers are committed to an annual contract and to pay monthly dues through July 2011. SIGNED CONTRACT, USA SWIMMING REGISTRATION FORM & FEE AND MEDICAL/LIABILITY WAIVER ARE TO BE SUBMITTED NO LATER THAN THE FIRST DAY OF PRACTICE. This contract may be cancelled, or a "time-off" taken any time by providing a written 30 day notice to the Treasurer. Athletes may also opt to move to a "Fitness" level during other sports activities or high school swim. _____ (Initial)

PAYMENT: Beginning in August, the Evergreen Swim Club (ESC) will submit statements on or around the 21st for the following month. Statements will contain fees for monthly dues, meet fees, and purchased swim gear. Payment is due by the 10th and considered delinquent if not received by the 15th of the following month. The full monthly dues amount will be charged for each month regardless of the number of days swum (except new team members joining mid-month). Delinquent accounts will be assessed a \$25 late payment fee for each late month. Accounts more than 30 days past due will be subject to a 1% interest charge per month in addition to the late penalty charges; in addition, the swimmer will not be allowed in the pool until payment and fees are current. Payments are mailed to: **Evergreen Swim Club-Treasurer, P.O. Box 11823, Olympia, WA 98508-1823**. Payments may also be given to the Treasurer in person on the 1st Wednesday of the month at the ESC monthly parent meeting. _____ (Initial)

MONTHLY DUES: Green: \$60.00; Red: \$90.00; Fitness: \$90.00; Blue: \$120.00; Senior Dev: \$130.00; Senior: \$140.00; Team dues will NOT be prorated unless for extended absence due to medical reasons *Dr. Note required* or if a new swimmer joins the club. Families with more than two swimmers will receive a 10% discount for the third swimmer in the youngest group; the fourth and subsequent swimmers will receive full scholarship. *Dues subject to change with a 30 day notice _____ (Initial)

FEES: *New this year* TESC is requiring each swimmer pay a \$10 monthly CRC membership fee. Fee is waived for families receiving free/reduced school lunch. *This fee allows each swimmer use of the CRC whenever it is open. See <http://www.evergreen.edu/reccenter/fees.htm> for CRC hours. USA Swimming annual registration fee of \$62.00 required upon registration with the club. If a returning member, the annual registration fee will be billed on swimmer's November monthly statement. All swimmers must be registered with USA Swimming in order to participate in Club practices or to attend meets as members. This is for your protection as it provides insurance for your swimmer and the Club. Insurance coverage may be viewed in detail on the www.USASwimming.org website. For new swimmers for the summer season only, starting April 1st, the fee is \$33.50. Note: Summer swimmers who wish to continue swimming after August 31st, must sign a new contract and pay the year-round USA registration fee prior to returning to practice Sept. 1st, 2010.

WORK SESSIONS: ESC hosted meets are vital to our fundraising! All families must work a minimum of **15 hours per year per swimmer** at ESC hosted meets and events, with a cap of 30 hours per year per family. The team's Volunteer Coordinator will report time worked. For those families that have not fulfilled work session requirements, they will be billed in April at a rate of \$15 per un-worked hour. Work session opportunities will be listed on ESC's website. _____ (Initial)

SCHOLARSHIPS: Full/partial scholarships may be available for families with demonstrated financial hardship. USA Swimming Registration Fee may be waived for those receiving free/reduced school lunch. Requests, along with a copy of the school waiver, must be made to the Club Treasurer in accordance with the Club's criteria. Scholarship review follows each ESC hosted meet. Families of scholarship recipient(s) are required to work all hosted meets, 30 hours/year, per swimmer.

PARKING: The Evergreen State College charges for parking. \$1 for two-hour parking passes are available and daily parking is available for \$2. Quarterly and yearly passes are also available at the ESC police department and are highly recommended. Queries should be directed to the College, 866-6000; ask for public safety/parking. *Subject to change as per TESC yearly fees

I have read the "Evergreen Swim Club 2010-2011 Contract and Registration Information" and understand my obligations to the ESC. I understand that fees will be adjusted when a swimmer changes groups. Meet fees and USA registration are separate obligations under this contract. USA registration form/fees must accompany this contract for all new swimmers. I understand that returning college swimmers and adult fitness swimmers are not required to participate in fundraising or other participation requirements. RETURN THE COMPLETE CONTRACT, MEDICAL/LIABILITY FORM, ATHLETE CONCUSSION FORM, FIRST MONTH'S DUES. TO: Evergreen Swim Club, P.O. Box 11823, Olympia, WA 98508-1823.

Parent/Guardian: _____ Date: _____
Or Swimmer (if 18 years or older)

EVERGREEN SWIM CLUB WAIVER AND RELEASE OF LIABILITY

I, _____, on behalf of myself and my child, _____, have voluntarily requested to participate in the swim program offered by Evergreen Swim Club (ESC). I am aware that attending or participating in these activities involves risk of injury to person and property. I voluntarily accept and assume all risk from attending or participating in these activities.

In consideration of being permitted to participate in these activities, I agree, on behalf of myself and my child, our heirs, personal representatives, and assignees, not to make any claim against or sue Evergreen Swim Club (ESC); or their employees, officers, directors, agents, members or board members (collectively referred to as the "RELEASED PARTIES"); for any injury or damage to my child or myself arising from negligence, active or passive, or other acts, however caused, by the Released Parties.

In addition, I release and discharge the Released Parties for all actions, claims, or demands that I or my child, our heirs, personal representatives, and assignees have or may hereafter have for personal injuries to my child or myself, or property damage resulting because of the activities described above. This release includes injury or damage caused by negligence, active or passive, or other acts, however caused, by the Released Parties.

Photo Consent Form

I understand that promotional pictures (individual and group) have been / will be taken during the upcoming swim season. I give permission for my son's/daughter's picture to be used for promotional materials (newsletter, web page, calendars, power point, etc.) in highlighting the events. NAMES WILL NOT BE USED.

By my signing this, I release Evergreen Swim Club and the ESC board of directors from any and all liabilities and waive all claims against them.

I HAVE CAREFULLY READ THIS AGREEMENT AND I UNDERSTAND THAT THIS IS A COMPLETE RELEASE OF LIABILITY, AS WELL AS A PROMISE NOT TO SUE OR MAKE A CLAIM.

Sign and Date: Swimmer's Name: _____ Group: _____

Parent/Guardian: _____ Date: _____
Or Swimmer (if 18 years or older)

The undersigned parent hereby gives permission for any necessary medical care to be given to my child in case of accident or illness. I agree to assume full responsibility for the costs of any treatment provided.

Parent/Guardian: _____ Date: _____
Or Swimmer (if 18 years or older)

MEDICAL & EMERGENCY INFORMATION

General Information

Swimmer's Name: _____
Last First M

Physical Address: _____
Street City Zip

Father: _____ Mother: _____

Phone (home): () _____ Phone (home): () _____

Phone (work): () _____ Phone (work): () _____

Phone (cell): () _____ Phone (cell): () _____

If my child needs to go home because of illness or accident and I cannot be reached, please call: _____

Phone: () _____

Medical Information:

Is your child taking any medication? (Insulin, sedative, tranquilizer, or anti-convulsive drug)?
Y/N If yes, please explain: _____

Does your child have a significant health problem? (Heart disease, diabetes, allergies, asthma, or convulsive disorder)? Y/N If yes, please explain: _____

List all medical and non-medical allergies of your child (penicillin, bee sting, strawberries):

If necessary, what specific action should be taken? _____

IN AN EMERGENCY, if the Coach is unable to reach me, I here by give my consent for treatment to be given by:

Doctor: _____
Last First M.

Address: _____
Street City Zip

Phone: () _____

Dentist: _____
Last First M.

Address: _____
Street City Zip

Phone: () _____

Insurance Carrier: Group / I.D. #: _____

Phone: () _____

If the doctor/dentist named above cannot be reached, please take my child to the nearest emergency station, by ambulance if required, for treatment. By my signature, I authorize any medical provider to give all necessary medical care.

Signature of Parent/Guardian: _____ Date: _____