

**Evergreen Swim Club
2010-2011**

CONTRACT: As part of the ESC program, all swimmers are committed to an annual contract and to pay monthly dues through July 2010. SIGNED CONTRACT, USA SWIMMING REGISTRATION FORM & FEE, MEDICAL/LIABILITY WAIVER, AND CONCUSSION FORM 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. _____ (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 unless there is an extended medical problem, or 30-day notification has been received. 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 Thursday of the month, at the ESC monthly parent meeting. _____ (Initial)

MONTHLY DUES: The cost is \$40 a month (College \$35) or \$5 dollars a session if you don't want to practice 4 days a week .Adult Fitness: \$5/Saturday session only. Team dues will not be prorated unless for extended absence due to medical reasons, 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. Refunds may be requested for any month that has not yet started; however, once a month has started, the full amount will be due for that month. Refund requests will be reviewed and approved by the ESC board. *Dues subject to change with a 30 day notice _____ (Initial)

FEES: **New this year** The Evergreen State College will be applying a Community Recreational Center (CRC) fee at a later time; amount TBD. This fee will allow each swimmer use of the CRC whenever it is open. ESC (Evergreen Swim Club) will NOT be responsible for billing this fee. USMS Swimming annual registration fee of \$44.00 required upon registration with the club. If a returning member, the annual USA registration fee will be billed on swimmer's November's monthly statement. All swimmers, including Adult Fitness, must be registered with USA Swimming or USMS 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 at <http://www.usms.org/reg/>

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 if 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.

Master Swimmer: _____ Date: _____

EVERGREEN SWIM CLUB WAIVER AND RELEASE OF LIABILITY

I, _____, intending to be legally bound, hereby certify that I am physically fit and have not been otherwise informed by a physician. I acknowledge that I am aware of all the risks inherent in Masters Swimming (training and competition), including possible permanent disability or death, and agree to assume all of those risks. AS A CONDITION OF MY PARTICIPATION IN THE MASTERS SWIMMING PROGRAM OR ANY ACTIVITIES INCIDENT THERETO, I HEREBY WAIVE ANY AND ALL RIGHTS TO CLAIMS FOR LOSS OR DAMAGES, INCLUDING ALL CLAIMS FOR LOSS OR DAMAGES CAUSED BY THE NEGLIGENCE, ACTIVE OR PASSIVE, OF THE FOLLOWING: UNITED STATES MASTERS SWIMMING, INC., THE LOCAL MASTERS SWIMMING COMMITTEES, THE CLUBS, THE HOST FACILITIES, MEET SPONSORS, MEET COMMITTEES, OR ANY INDIVIDUALS OFFICIATING AT THE MEETS OR SUPERVISING SUCH ACTIVITIES. In addition, I agree to abide by and be governed by the rules of USMS.

In consideration of being permitted to participate in these activities, I agree, on behalf of myself and my 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 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 heirs, personal representatives, and assignees have or may hereafter have for personal injuries to 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 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.

Signature: _____ Date: _____

I hereby give permission for any necessary medical care to be given to myself in case of accident or illness. I agree to assume full responsibility for the costs of any treatment provided.

Master Swimmer: _____ Date: _____

Remember to check out your LMSC website at www.swimpna.org and the USMS website at www.usms.org for information, updates, and changes.

This is a form for 2009-2010; 2011 forms will be available soon.

Pacific Northwest Association of Masters Swimmers

2010 Membership Application ⌚ **New Swimmer** ⌚ **Returning USMS Swimmer**

(Permanent ID if available _____)

Name: _____ Birth date: _____
Last First Initial Month Day
Year

Address: _____ Age: _____ Male Female (circle one)
Street or box number

E-Mail: _____

City _____ State _____ Zip+4 _____

Home Phone (____) _____ Cell Phone (____) _____

Work Phone (____) _____

CLUB Affiliation ⌚ **Pacific NW Aquatics (PNA)** or ⌚ **Unattached to a Club**

TEAM Affiliation see team list on next page

Choose a membership level A or B below for 11/01/2009 thru 12/31/2010.

A. Regular:	\$42
B. Need-based or Seniors (65 & over):	\$30
<i>Optional Donations:</i>	
USMS Endowment Fund	\$
International Swimmers Hall of Fame	\$
TOTAL	\$

Make check payable to: PNA