

El Dorado Aquatics Club Registration

Swimmer's Name _____
(First) (Middle) (Last)

Age: _____ Birth Date: _____ Gender: M/F T-SHIRT SIZE: YM, YL, AS, AM, AL, AXL

Parent(s) / Guardian(s): _____

Street Address: _____ Zip code: _____

Home Phone: _____ E-mail address: _____

I give permission for my name and contact info to be published in a team directory yes/no

Parent/Guardian Emergency Contact Information

Primary Contact: _____ Home Phone/Wk. Phone/Cellular/Pager: _____

Secondary Contact: _____ Home Phone/Wk. Phone/Cellular/Pager: _____

El Dorado Aquatics Club Fee Structure

- 1. EDAC Registration fee per athlete (nonrefundable) \$ 60
- 2. Deposit per family (refundable with 30 day notice & current account balance paid) \$ 50
- 3. USA Reg Fee per athlete \$58/\$38 (non refundable, not applicable to all swimmers) \$ ___
- 4. Monthly Team Dues (due by the 5th of each month)

Group	1 st Swimmer	2 nd Swimmer	3 rd Swimmer
Senior 2 (15+)	\$110.00	\$88.00	\$66.00
Senior 1 (13+)	\$100.00	\$80.00	\$60.00
Junior 2 (9-12)	\$90.00	\$72.00	\$54.00
Junior 1 (9-12)	\$80.00	\$64.00	\$48.00
Lessons: 2week sessions	\$80.00/session	\$80/session	\$64/session
Weekly swim camps 8/10-9/4/09	\$50/week	\$50/week	\$40/week
Saturday swim camps (dates TBA)	\$20/mo	\$20/mo	\$16/mo

\$ ___
TOTAL \$ ___

El Dorado Aquatics is a non-profit organization. No swimmer will be turned away for an inability to pay. If needed, payment arrangements can be made with team treasurer. All fees must be paid prior to practice.

Withdrawal: Requests for withdrawal (a temporary break.) must be made in writing to the Head Coach and the team treasurer at least two weeks prior to the withdrawal date. All accounts must be paid in full. There is no pro-rating, if a swimmer swims for any portion of the month in question, the full monthly fee will be due. The team will retain the deposit during the withdrawal period. The swimmer will be allowed back

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Resignation Resignation from the team requires 30 days written notice to the coach and treasurer. You are responsible for the payment of all applicable fees. The team deposit will be retained if accounts are not paid in full.

Refund Policy: Refunds must be requested in writing. If a refund is requested in the first two weeks after registration, a refund of 75% of the monthly dues minus the registration fees will be offered. If the request is made between the 3rd & 4th week after registration, a refund of 50% of the monthly dues minus the registration fees will be offered. Refunds will not be issued past 30 days of the date registered. Registration fees are non-refundable

I HAVE READ AND UNDERSTOOD, AND I AGREE TO THE ABOVE FEE STRUCTURE

Parent/Guardian Signature: _____ Date: _____

Informed Consent and Release

Release

I consent to my/minor's participation on El Dorado Aquatics Club (EDAC) swim team and acknowledge that the minor and I fully understand my/minor's participation may involve risk of serious injury or death, including losses which may result not only from my/minor's own actions, inactions or negligence, but also from the actions, inactions, or negligence of others, the condition of the facilities, equipment, or areas where practice is being conducted. I understand that if I have any risk concerns, I should discuss the risks associated with my participation with the coaches and staff, before I sign this document and before the beginning to practice.

Release – Minor's Rights:

In consideration of allowing Minor Participant to participate on this USA Swim team, I hereby release and hold harmless USA Swimming, EDAC, members of its board of directors, and its officers, employees, members, volunteers, other participants, and agents (collectively, the "Released Parties"), of and from, and do discharge and waive, any and all claims, demands, losses, damages, and liabilities that Minor Participant may have or sustain with respect to any and all damage and/or injury, of any type, arising from Minor Participant's participation in this USA Swimming event. I also agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

Release – Parents'/Guardians' Rights:

In consideration of allowing Minor Participant to participate on EDAC swim team, I hereby release and hold harmless the Released Parties, of and from, and do discharge and waive, any and all claims, demands, losses, damages, and liabilities that I may have or sustain with respect to any and all damage and/or injury, of any type, arising from Minor Participant's participation in this USA Swimming event. I also agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

I certify that my/minor is in good health and have no physical condition that would prevent participation in this activity. Furthermore, I agree to use my/minor's personal medical insurance as a primary medical coverage payment if accident or injury occurs. I consent to emergency medical treatment in the event such care is required.

Indemnification by Parent/Guardian:

The undersigned parent/guardian further agrees to indemnify, save and hold harmless the Released Parties from any and all claims, demands, losses, damages and liabilities for indemnities, contribution or otherwise with respect to any damage and/or injury, of any type, arising from Minor Participant's participation on EDAC swim team. The undersigned also agrees that this Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement extends to all acts of negligence by the Releasee and is intended to be as broad and inclusive as is permitted by the laws of AZ and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Print name of Parent/Guardian)

(Signature of parent)

(Date)

Have you been affiliated with another swimming program? YES NO

Team Name/Coaches Name: _____

What was the date of the last swim meet the above swimmer participated in: DATE ____/____/____?

Parent Volunteers: We need everyone to volunteer. Please list any talents, skills, or business sponsorship connections you have and would be willing to share w/us: (please refer to list of volunteer opportunities for more ideas)

Swimmers Medical Information:

(Please Print Information)

Heath Care Provider: _____ Policy Number: _____

If Medical Care is Necessary, Call:

Doctor: Name _____ Address _____ Phone _____

Hospital: Name _____ Address _____ Phone _____

My child has permission to take ibuprofen

In case of injury or sudden illness, _____ will be called first. I hereby give authority to any hospital or doctor to render immediate aid as might be required at the time of his/her health and safety. It is understood that I will accept the expense of this service.

In case of an emergency, or if I cannot be contacted to pick up my child, I hereby authorize the following person(s) to pick up my child.

Name: _____ **Phone:** _____ **Name:** _____ **Phone:** _____

Medical Information:

Is this swimmer allergic to any food or other substances? (If so, name foods or substances to be avoided and procedure to follow if reaction occurs.) _____

Is child usually susceptible to infections and if so, what precautions need to be taken? _____

Are there physical/medical conditions that we should be aware of and what precautions should be taken?

Is your child on any medication or inhaler that we should be aware of? _____

The Above emergency information was provided by:

Parent or Guardian: _____ Date: _____

