



**VANCOUVER SWIM CLUB
REGISTRATION AGREEMENT**

I. REGISTRATION INFORMATION *(Please print legibly.)*

SWIMMER

NAME: _____
Last First M.I. *(required)*

NICKNAME (If any): _____ New ___ Transfer ___ Returning ___
(Please check one)

DATE OF BIRTH: ___/___/___ AGE: _____ SEX: M F

Swimmer Group Assignment: _____ Date Joined: _____ (for office use only)

GUARDIANS

FATHER: _____
Last First Cell Phone

MOTHER: _____
Last First Cell Phone

_____ Home Phone Work Phone (father) Work Phone (mother)

Person who is responsible to pay the bill if different than above:

Last First Home Phone Cell Phone

BILLING ADDRESS: _____
Street/PO Box

_____ City State Zip

E-MAIL ADDRESS: _____
Primary *(for billing purposes)*

_____ Secondary

EMERGENCY CONTACT: _____
First Last

_____ Home Phone Work Phone Cell Phone

II. AGREEMENT

The undersigned Parent/Legal Guardian and the Vancouver Swim Club (VSC) hereby agree as follows:

1. Registration

- (a) A new-swimmer registration fee, set forth in the attached Dues Schedule, will be charged upon registration. This fee covers swimmer registration with USA Swimming, Inc., a VSC t-shirt, and a VSC latex swim cap.
- (b) The USA Swimming registration portion of the new-swimmer registration fee shall be refundable upon written request to the treasurer, for a period of two weeks from the signing of this agreement.
- (c) An annual re-registration fee, set forth in the attached Dues Schedule, will be charged in October of each calendar year.
- (d) If registration/re-registration is not completed by the designated due date(s), a late registration fee of \$25 may be assessed and the swimmer(s) will not be allowed in the water.

2. Dues

- (a) In consideration of the participation of the swimmer(s) in VSC's competitive swim program, the Parent/Legal Guardian agrees to pay the dues for the Swimmer's practice level that are set forth on the attached Dues Schedule. Payment shall be due and payable by the 15th day of each month. Dues may be prepaid at any time.
- (b) If the Swimmer is transferred to a different practice group by the coaching staff, the difference in dues for the two practice levels may be prorated for the month in which the transfer occurred.
- (c) If the Swimmer quits the swim program or is unable to continue participation in the program, the family is obligated to pay the dues installment for the month in which the Swimmer withdraws from the program. If the Swimmer swims one or more days during a month, that month's dues are payable in full. The Parent/Legal Guardian agrees to notify the Membership Coordinator or Treasurer upon withdrawal from the program.
- (d) If the monthly dues payment is not received in full by the 21st of the month, a late fee of \$15 per month may be assessed.

3. Suspension.

- (a) If the monthly payment is more than 15 days past due, a notice of delinquency may be mailed. If Parent/Legal Guardian fails to pay any delinquent dues or assessment, including late fees, within 14 days from the date of written notice of delinquency, the Swimmer may be suspended from further participation in all VSC activities, including, but not limited to, practices and meets.
- (b) If Parent/Legal Guardian becomes delinquent in payment of dues or assessments because of financial hardship, he/she may apply to the Treasurer for a waiver of late fees and suspension. A waiver may be granted by the Board of Directors, if satisfactory arrangements are made for payment of the delinquent amounts.

4. Escrow.

- (a) Parent/Legal Guardian will make payments to the Swimmer's escrow account as required by VSC from time to time. These payments are for expenses which are paid by VSC on behalf of the Swimmer(s). For example, swim meet entry fees, swim suit orders, t-shirt orders, travel charges, other equipment, etc., that are approved/ordered by the Swimmer(s) or Parent/Legal Guardian. Parent/Legal Guardian shall pay the required amount within 25 days from the date of the notice from VSC.
- (b) If Parent/Legal Guardian shall fail to make a required escrow payment within 25 days from the date of the notice from VSC, Swimmer shall not be entered thereafter in any meets until the required amount is paid in full. A late fee of \$15 per month may also be assessed

5. **Team Assignments.** The assignment of the Swimmer(s) to a practice group shall be the sole decision of the coaching staff. An assignment may be modified during the swim year if the coaching staff believes a different practice team would be more appropriate for the Swimmer(s).

6. **Release of Liability.** Parent/Legal Guardian hereby releases VSC, its employees, officers, directors and volunteers and any facility used by VSC from any liability arising out of any injury to the Swimmer(s) which may occur while the Swimmer(s) is/are participating in the VSC swim program, including, but not limited to, practices, meets, travel trips, and other team activities, or while the Swimmer(s) is/are using facilities owned, leased or used by VSC.

7. **Drug, Alcohol & Tobacco Policies.** Parent/Legal Guardian and all 13 & Over swimmers have read, signed and agree to abide by the VSC Drug, Alcohol and Tobacco Policies which are incorporated herein by reference.

8. **Fundraising Policy.** Revenue from fund raising constitutes a necessary part of the VSC operating budget. In any fund raising project designated as mandatory by the Board of Directors, Parent/Legal Guardian hereby agrees to participate in such fundraisers. If a family does not meet the minimum requirements listed below, Parent/Legal Guardian will pay to VSC the amount of any non-participation assessment set by the Board of Directors. Payment must be made within 30 day from the date of written notice of the assessment. If payment is not made within the 30-day period, a late fee of \$15 may be added to the assessment, and a notice of delinquency will be sent to the Parent/Legal Guardian.

The specific fundraising requirements for VSC are detailed as follows:

- A. **Swim-A-Thon Participation requirement** – This is to be fulfilled regardless of whether your swimmer is able to attend the actual event or not. This is a USA Swimming sponsored event that is usually held in April or May. Swimmers collect pledges based on the number of laps that they swim at the event (maximum of 200 laps). Each swimmer will be expected to raise a minimum of \$50. Any family not fulfilling this requirement will be assessed \$50 (minus funds raised) per swimmer, with a maximum of \$100 per family fee.
- B. **Other Fundraiser requirement** – This will be determined by the Board of Directors each year. VSC typically runs at least one additional fundraiser each year. Each swimmer will be expected to raise a minimum of \$50 by the deadline. Any family not fulfilling this requirement will be assessed \$50 (minus funds raised) per swimmer, with a maximum of \$100 per family fee.

New families to VSC's competitive swimming program are exempt from this requirement during the first three (3) months of membership. However, we encourage all our families to participate in order to support our athletes.

9. **Volunteer Policy.** Each family will be required to volunteer a minimum of 28 hours throughout the year, which includes at least 8 hours spent at the Super Bowl Meet. Unfulfilled hours will be billed at a rate of \$10.00 per hour at the end of the fiscal year.
- A. **Annual Super Bowl Swim Meet Participation requirement** – This is to be fulfilled regardless of whether your swimmer is competing in this meet or not. Each family must provide an adult to volunteer at least eight hours over the entire event. This meet is typically held in late January (exact dates to be announced by the Board of Directors).
- B. **Volunteer Timing at Swim Meets requirement**– This is to be fulfilled at any meet that your swimmer(s) is participating in. Lane timing provides a manual backup to the electronic timing system and is critical for making the swimmers' times official. Clubs are assigned lane timing responsibilities based on the number of swimmers entered in the meet. There are generally sign-up sheets posted behind the lanes with one (1) to two (2) hour shifts typically noted. All VSC parents/guardians are responsible for ensuring that VSC's lane(s) have timers and that relief is provided for other VSC parents/guardians in a timely manner.
- C. **Officiating at Swim Meets** – This is to be fulfilled at any meet that VSC swimmers are participating in. Specific training and certification is required from Oregon Swimming, Inc. VSC will pay your registration fees. More information is available at www.oregonswimming.org.
- D. **Volunteer to Serve on a Committee** – Throughout the year, there are several committees that we need your help with. Some are short term, while others may be more involved. More specific information is available on our website, www.vancouverwimclub.com.

As the parent/guardian of the above name swimmer(s), I hereby confirm that I understand and agree to comply with and abide by all terms of this agreement, as presented above.

Parent or Guardian Signature

Date

MEDICAL INFORMATION & EMERGENCY RELEASE (ONE PER SWIMMER)

Swimmer's Name _____

Parents' Names: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

1. In the space provided below, list any pertinent health or medical information and instructions or special problems (allergies, tetanus booster dates, drug allergies, asthma, prescriptions, etc.)

2. Aside from yourselves, (the parents of the Swimmer), please indicate (in order), those individuals that you would like the coaches to contact should there be an emergency involving your child:

3. Swimmer's Doctor: _____ Phone _____

4. Swimmer's Dentist: _____ Phone _____

I (we) hereby give our permission for _____ to participate in practice and swim meets with the Vancouver Swim Club (VSC) throughout the current swim season. Although I expect all reasonable safety procedures to be followed, I will not hold the coaches of VSC nor any volunteer working with the group personally liable for any accident which may occur.

In case of a minor emergency (cuts, scratches, headache, etc.), I (we) give permission to the coaches or life guards to treat these as they deem necessary. In the event of a more serious emergency, I give permission for it to be handled in the best manner as determined by the life guards or coaches of VSC until I am able to be contacted.

TO THE ATTENDING PHYSICIAN OR HOSPITAL:

Permission is hereby granted for you at the discretion of the coaches of VSC to perform whatever care is necessary for the welfare of my child until such time as you are able to reach me personally.

INSURANCE INFORMATION (must be complete)

Subscriber's Name (parent): _____

Insurance Company: _____

ID # _____

Group # _____

Insurance Coverage (i.e. medical, dental): _____

Insurance authorization phone number: _____

Preferred local hospital: _____

_____	_____
Parent or Guardian Signature	Date