



**REGISTRATION, CLUB RULES, MEDICAL INFORMATION AND CONSENT TO TREATMENT,
WAIVER/RELEASE OF LIABILITY (5 pages)**

Swimmer Information:

Last Name *		First Name *		Middle Initial * (if applicable)	Birthdate * (MM/DD/YY)
Preferred First Name (i.e., nickname; only if different from First Name)				<input type="checkbox"/> Male <input type="checkbox"/> Female	Check applicable box *
Address *					
City *			State *		Zip Code *
Home Phone *			Cell Phone		
Email(s) * (please provide preferred email(s) to be used for all club email correspondence)					

Parent Information:

Mother:

Last Name *		First Name *	
Cell Phone: *			
Work Phone:			
Email:			

Father:

Last Name *		First Name *	
Cell Phone: *			
Work Phone:			
Email:			

* Required Information. For phone numbers and email addresses, please list only those that you consent to be used for club email correspondence and published in the club roster that is distributed to all club members.

A copy of the signed Acknowledgement of Club Information & Rules will be returned to you for your reference, if requested.



ACKNOWLEDGEMENT OF CLUB INFORMATION & RULES

Splash Aquatics Swim Groups: Eligibility for each group is at the discretion of the Coaches, based on, but not limited to Age, Physical Strength, Psychological State, and Maturity.

Monthly Dues	Group Name	Training	Group Description
\$65.00	Developmental	Pool time only	Beginning swimmers who can display basic swimming ability and have little competitive experience. Emphasis on technique training. Will compete in BC level meets when coaches feel they are ready.
\$85.00	Age Group	Dry land & Pool time	Swimmers who know most or all of the four (4) competitive swim strokes (freestyle, backstroke, breaststroke, butterfly) and will continue to build their aerobic base and conditioning, refine their skills and begin to focus on race strategy. Will regularly compete at A+ level meets and above. Goal is to compete at the State Championship level.
\$90.00	Junior	Dry land & Pool time	Swimmers who have begun to exhibit a high level of proficiency in all four (4) strokes who continue to strengthen their aerobic base and conditioning and refine their stroke technique and race strategy. Will regularly compete in A+ meets and above. Goal is to compete at the State & Regional Zone Championship level.
\$100.00	Senior	Dry land & Pool time	Advanced swimmers committed to competing at an elite level, able to continually handle rigorous, demanding workouts, and strive to perfect their technique and race strategy. Goal is to compete at the National level.

Monthly Dues: Payable upon receipt of monthly invoice at the beginning of each month.

(Electronic payment is preferred.)

Monthly dues are set, whether the swimmer swims one day or all days within any given month. There will be no pro-rating of dues. For swimmers who have mandatory sports practices with their schools (not for vacations, time off, sickness, etc.) and cannot attend Splash practices, there is a **Maintenance Fee Schedule of \$25.00, \$35.00, \$40.00 (depending on your group)**. During this time, swimmers cannot practice at all with the club, but can enter meets and will be responsible for all incurred meet fees. Written notice (to your coach, the head coach, and the club treasurer) one (1)-month prior to the break is required explaining the swimmer's circumstances and the month(s) they will be off (email is acceptable). Other exceptions for not being able to swim will be reviewed on a case-by-case basis by the Club Board and Head Coach upon written documentation. Approval to waive monthly dues for an extended break can be granted if warranted.

Mandatory USA Swimming Athlete registration: \$81.00 (Sept-April) **\$35.00** (May-Aug), (Check payable to **Splash Aquatics, Inc.**) - Required for all club swimmers. This allows for practice under a USA Swimming approved Club, to enter all USA Swimming sanctioned meets, and to qualify for Hawaiian LSC travel subsidies, when applicable. **New** swimmers to USA Swimming are required to submit a **copy of their birth certificate** for submission along with the USA Swimming Registration Application to verify the swimmer's age.

Mandatory Club Registration Fee: \$75.00 (Check payable to **Splash Aquatics, Inc.**) - This fee is for new swimmers as well as returning swimmers who have quit for an extended period and were not on the Maintenance Fee Schedule. Includes one silicone cap and Splash t-shirt.

Application to transfer (from another LSC Club): \$5.00 (local, between Hawaii clubs) or **\$10.00** (from out-of-state club) - This fee along with the signed transfer form is required. (Check payable to **Splash Aquatics, Inc.**)

Swimmer's Name (Last, First, MI)



ACKNOWLEDGEMENT OF CLUB INFORMATION & RULES (cont.)

Meet Entry Fees: variable (will be billed on the monthly invoice the month following the meet) – Because Splash Aquatics is a competitive swim club, swimmers will be encouraged by their coaches to enter all eligible meets when they are ready. Swimmers are responsible to pay for all entry fees. The Club will pay all entry fees upfront to the host club, and swimmers will be billed for their portion on their monthly invoice the month following the meet. Swimmers will be notified by their coaches if they will be entered. It is the swimmers and the parents of the swimmers responsibility to let their Coach and Splash Aquatics Meet Entry person know both verbally and via a note or email if they will not be swimming. The meet notices and eligibility will be sent via e-mail as well as posted on the Splash website to inform you of meet dates. A draft entry list for verification by all swimmers will be emailed prior to submission of final entries to the host team. **Once final entries are submitted to the host team and your swimmer is entered, and there was no notice of intent NOT to swim, you will still be responsible for the meet fees even if your swimmer does not swim. Meet fees are not refundable from the host team.**

Other costs that may occur: Extra pool time fees for Special practices & Off-island Travel Expenses for Coaches.

Coaches may opt for extra pool time outside of regular practice times for special or additional training for high-level meets. Participating swimmers may be asked to help pay for any pool fees associated with these extra practices. In addition, some meets that the club participates in are off-island. These may include State Championships (which alternate between Oahu and different outer islands) or other off-island meets (i.e. Sakamoto Invitational on Maui, Sparky Kawamoto BC Meet on the Big Island, or Sectional/National meets on the mainland). For these meets, participating swimmers may be asked to split the costs for the expenses of the Coaches who attend (this can include but is not limited to, airfare, car rental, hotel accommodations and a small per diem for meals). This is in lieu of charging each club member a mandatory monthly "Travel Expense Fee".

Parent Obligations: Mandatory for Splash Parents For each meet the club attends, volunteers are required as **lane timers** as well as for **team tents** to transport them to/from the meet venue and set them up/break them down. Also, Splash Aquatics hosts at least one (1) meet a year. ***** When our club hosts a meet, all parents are expected to help with manpower and planning.**

If you have any questions, please contact: info@splashaquatics.org, or via our "Contact Us" link on the Splash Aquatics website, splashaquatics.org

I have read, understand and accept the rules as stated: (both parent's signature required)		/ /
_____	Swimmer's Name (Last, First, MI)	Date Signed
Signature of Mother/Legal Guardian	Signature of Father/Legal Guardian	
_____	_____	
Print Name of Mother/Legal Guardian	Print Name of Father/Legal Guardian	



MEDICAL INFORMATION AND CONSENT

I/We, the undersigned parent(s)/legal guardian(s) of _____ (swimmer's name) hereby give my consent to the rendering of emergency first aid and other medical procedures which at the time of injury or illness seems reasonably advisable. I/We further understand that I/we will be responsible for payment of any such medical procedures. I/We impose no specific limitations or prohibitions regarding treatment other than those that follow (If no limitations, write "NONE" in the space below).

My child has a medical condition: _____ no _____ yes** (if yes, specify & list medications)

**** Swimmer must have their required medication, applicators or appropriate medical equipment with them at all times.**

Allergy Information:

Y/N If yes, please list:

_____ Foods _____
_____ Medications _____
_____ Other _____

Emergency Information:

Mother/
Legal Guardian: _____ Day Phone: _____ Cell #: _____
Father/
Legal Guardian: _____ Day Phone: _____ Cell #: _____

Insurance Information:

My child has health insurance: _____ No _____ Yes (if yes, complete information below)

Insurance Carrier: _____

Name of Policy Holder: _____ Policy No.: _____

Name of Family Physician: _____ Phone: _____

Signature of Mother/Legal Guardian

Signature of Father/Legal Guardian

Print Name of Mother/Legal Guardian

Print Name of Father/Legal Guardian

Date Signed

Date Signed

(both parent's signature required)



Waiver/Release of Liability

**PLEASE READ CAREFULLY BEFORE SIGNING.
THIS IS A RELEASE OF LIABILITY & WAIVER OF CERTAIN LEGAL RIGHTS**

I/We, the undersigned parent(s)/guardian(s) of the participant(s) listed below, agree and understand that swimming is a hazardous activity. I recognize that there are risks inherent in the sport of swimming, including but not limited to paralyzing injuries and death.

The participant(s) hereby agrees to participate in the swim team known as Splash Aquatics Makiki ("SPLASH") which is a registered trade-name of Splash Aquatics, Inc., a nonprofit corporation ("SPLASH, INC.") registered in the State of Hawaii. The participant(s) and the parent(s)/legal guardian(s) of the participant(s) hereby agree to indemnify and hold harmless SPLASH, SPLASH INC., and their coaches, officers, directors, agents, and employees ("Released Parties") against any liability resulting from any injury that may occur to the participant(s) while participating with SPLASH. The participant(s) also agree to indemnify and hold harmless SPLASH, SPLASH, INC. and their coaches, officers, directors, agents, and employees for any damages incurred arising from any claims, demands, action, or cause of action by the participant(s).

In addition to the above, I/we understand that photos and video are occasionally taken for promotional and marketing purposes at SPLASH practices and events and/or at swim meets where SPLASH competes. I/we agree that any photo or video taken of my child(ren) by SPLASH, SPLASH INC., and their coaches, officers, directors, agents, and employees, may be used in SPLASH or SPLASH INC.'s promotional and marketing materials; including its website.

I HAVE CAREFULLY READ THIS DOCUMENT AND SIGNED IT WITH FULL KNOWLEDGE OF ITS CONTENTS AND SIGNIFICANCE.

Participant's Name (please print) _____

Birth date / / Sex: M or F

Participant's Name (please print) _____

Birth date / / Sex: M or F

Participant's Name (please print) _____

Birth date / / Sex: M or F

Participant's Name (please print) _____

Birth date / / Sex: M or F

Signature of Mother/Legal Guardian

Signature of Father/Legal Guardian

Print Name of Mother/Legal Guardian

Print Name of Father/Legal Guardian

Date Signed

Date Signed

(both parent's signature required)