

HOLD HARMLESS WAIVER

It is my intent as a participant or swimmer competing/training in the Homewood Flossmoor Swim Club (HFSC) sanctioned activities, while participating during activities including but not limited to any pre-team or post-team activities, practices, or swim lessons with HFSC that I am agreeable to the following:

I acknowledge that I am aware that there are risks to me of exposure to directly or indirectly arising out of, contributed to, by, or resulting from:

- An outbreak of any and all communicable disease, including, but not limited to, the virus “severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)”, which is responsible for Coronavirus disease (COVID-19) and/or any mutation or variation thereof:

In consideration of having the opportunity to participate as either a team member, student or competitor at location, and in acknowledging that I am aware of and willing to assume the risks associated with this activity, I hereby voluntarily agree to waive, hold harmless and indemnify Homewood Flossmoor Swim Club (HFSC) and its trustees, agents, volunteers and employees from any and all claims, demands and causes of action of any nature whatsoever arising out of ordinary negligence which I, my heirs, my assigns or successors may have against them for, on account of, or by reason of my participation in the above activities. I indicate agreement to this hold harmless elective noted below.

Printed Name (Parent/Guardian): _____

Printed

Minor Swimmer(s): _____

Signature

(Parent/Guardian): _____

Date: _____

HOMewood-FLOSSMOOR SWIM CLUB (HFSC), Inc.
HAMMERHEAD SWIM SCHOOL – SPRING & SUMMER 2022* Updated 4/11/2022
WEEK NIGHT SWIM LESSONS

PLEASE PRINT LEGIBLY.

Swimmer Information:

Last Name	First Name	MI	Gender	Birth Date	Age
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
Father's Name _____			Mother's Name _____		
Address _____			Address _____		
City/State/Zip _____			City/State/Zip _____		
Home Phone _____			Home Phone _____		
Cell Phone _____			Cell Phone _____		
Email Address _____			Email Address _____		

In the event of an emergency practice cancellation, etc., please list the contact number you would like to be contacted at:

Previous swim experience: _____
 Please list any disabilities, special concerns, or medical conditions/medication we should know about: _____

SESSION DATES: PLEASE INDICATE WHICH SESSION(S) YOU ARE REGISTERING FOR.
WEEK NIGHT GROUP LESSONS

SPRING

_____ Session 2: April 18–28 (6:00PM – 7:00PM) – 2 week session remaining
 18, 20, 22, 26, 27, 28
 _____ Session 3: May 9 – June 2 (6:00PM – 7:00PM)
 May 9, 10, May 16-19, 25, 26, 31, June 1, 2

SUMMER:

_____ Session 4: June 6 –June 23 _____ 4:45PM – 5:30PM (Mon-Thur)
 _____ 5:30PM – 6:15PM (Mon-Thur)
 _____ 6:15PM – 7:00PM (Mon-Thur)

_____ Session 5: June 27 – July 14* _____ 4:45PM – 5:30PM (Mon-Thur) *no class 7/4
 _____ 5:30PM – 6:15PM (Mon-Thur)
 _____ 6:15PM – 7:00 PM (Mon – Thur)

_____ Bonus Week: July 18 – 21 _____ 4:45PM – 5:30PM (Mon-Thur)
 _____ 5:30PM – 6:15PM (Mon-Thur)
 _____ 6:15PM – 7:00 PM (Mon – Thur)

FEES: \$195 per 3 week session; \$65 Bonus Week

PAYMENT: CHECK #: _____ CASH: _____ VENMO: _____ payment link: Ct-Hfswim
 TOTAL REGISTRATION FEE: \$ _____ Fees Due in Full at time of Registration

ALL FEES ARE DUE IN FULL AT TIME OF REGISTRATION. A \$25 FEE WILL BE CHARGED FOR ALL RETURNED OR NSF CHECKS.

HAMMERHEAD SWIM SCHOOL POLICIES AND RELEASE

CANCELLATION POLICY: To cancel a class student must withdraw at least **7 DAYS** prior to beginning of Session. **INSTRUCTORS ARE HIRED BASED ON REGISTRATIONS – YOU WILL NOT RECEIVE A REFUND. A SESSION CREDIT LESS 20% CANCELLATION FEE WILL BE ISSUED. NO CREDIT IS ISSUED FOR WITHDRAWAL IF LESS THAN 7 DAYS NOTICE IS GIVEN.**

REFUND POLICY: NO REFUNDS. Session credits will be offered under the following circumstances:
Facility Closure and Extended Illness with Dr's. note. If a swimmer is absent for **THREE CONSEQUITIVE CLASSES** a credit will be issued when a note from the doctor is presented documenting dates the child was not permitted to swim. Credit will be issued for **\$10 per class missed** for group lessons.

CREDITS: Credits may be applied to Swim School, semi private and private lessons. Credit vouchers must be presented at time of registration. Vouchers will not be replaced if lost or stolen. Credit vouchers are not transferable or redeemable for cash.

MAKE-UP POLICY: WE DO NOT OFFER MAKE-UPS for illness or conflicts with other activities.

USE OF SWIM DIAPER: ALL PARTICIPANTS UNDER THE AGE OF FIVE (5) YEARS ARE REQUIRED TO WEAR A REUSABLE SWIM DIAPER. THESE MUST HAVE TIGHT FITTING ELASTIC AROUND THE LEGS AND WAIST. DISPOSABLE SWIM DIAPERS ARE NOT ALLOWED. NO EXCEPTIONS.

POOL CLOSINGS: The pool will be closed for the following reasons:

1. When a child vomits or has a bowel movement in the pool, the pool must be closed for sanitation.
2. If conditions in the pool make it unsafe for students to be in the pool, the pool will be closed.
3. In the event of a facility schedule conflict

In the event the pool is closed for any of the above reasons a credit will be issued. Please refer to the REFUND and CREDITS listing above.

POOL CLOSING FEE: If your child vomits or has a bowel movement in the pool causing the pool to be closed, a **\$200 fee will be assessed.** The swimmer is not allowed to return to class until the fee is paid.

PARENT OR COACH CONFERENCE: Communication with the Coach/Instructor must be done prior to lesson start or after lesson is completed. No communication is to take place during a lesson unless initiated by a member of the staff.

RELEASE AND INDEMNIFICATION: For and in consideration of the benefits to me from the use by me and/or my child(ren) of the facilities of HF High School and HFSC, Inc. and other good and valuable consideration, the undersigned, individually and of his/her heirs and personal representatives, hereby release HF High School & HFSC, Inc. directors, officers, agents, swim team members and employees from any and all claims of any kind or nature whatsoever, arising out of the use by me and/or my child(ren) of said facilities. The undersigned, individually and for his/her heirs and personal representatives, further agree to indemnify, defend and forever hold harmless HF High School & HFSC, Inc. and their directors, officers, agents, swim team members and employees from any and all liability or loss whatever, (including any cost of defending claims) arising out of said use of said facilities.

By signing below I agree that I have read and understand and will abide by the above Swim School policies and release.

Name: _____ (Please print.)

Signature: _____ Date: _____

Student's name: _____ Class: _____

Student's name: _____ Class: _____