Tiger Aquatics Swim Club, LLC

**MASTERS REGISTRATION**

\*\*Please retain this page for your information\*\*

Please complete the registration agreement package and return to the Tiger Aquatics Business Office (*Mailing address*: **5261 Highland Road, Suite 324, Baton Rouge, LA 70808**), Tiger Aquatics drop box in the LSU Natatorium, or email completed forms to Kayla Alf – Huynh; Kayla@swimtaq.com

For your paperwork to be complete you MUST have the following turned into the Tiger Aquatics Business Office:

□ **Proof of Registration with USMS-**The office only needs proof that you are USMS registered. Online registration with USMS may be completed on their website: [www.usms.org](http://www.usms.org) by clicking “Join USMS.”

□ **Registration Agreement**: IMPORTANT: An email address is REQUIRED to enter anyone in the system. Please be sure to initial next to corresponding fee on agreement. If the fee is not initialed, it will be assumed that you pay the full rate.

□ **Automatic Bank Draft Form** - Monthly dues are done via Electronic Funds Transfer/Bank Draft

□ **Medical Information Form** – Swimmer’s medical records to keep on file

**Monthly Masters Rates:**

*Masters* $50 per month

*Spouse Rate* $45 per month- offered when both parties are enrolled in Masters Program

*LSU Faculty* $45 per month

*LSU Student* $25 per month (COACHED PRACTICES ONLY-AM AND LUNCH WORKOUTS AVAILABLE. If student would like to do evening swim, rate is $45 per month)

*Corporate Rate* $40 per month- offered for 10 or more employees from the same company

**Contact Information:**

Tiger Aquatics Business Number: (225) 405-3492

Masters Head Coach: Kayla Alf –Huynh (Kayla@swimtaq.com)

Billing Questions: Lyndi Geyer (Lyndi@swimtaq.com)

Tiger Aquatics Swim Club, LLC

**MASTERS REGISTRATION AGREEMENT**

Name: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 Last First Middle Initial

Address: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 Street Address

 City State Zip Home Phone

Email: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Birth date: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Male□ Female□

Place of Employment and Position: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Cell Phone: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**The undersigned and Tiger Aquatics Swimming, LLC agree as follows:**

Dues: In consideration of my participation in the Tiger Aquatics Masters Swim Program, I agree to pay the dues for Masters Level Swimming. Dues are paid monthly and MUST be autodrafted. By signing this document, I hereby authorize Tiger Aquatics to debit my account on the 10th of each month. I understand my account will be debited in accordance with the monthly dues of: (Please initial next to your corresponding fee)

**\_\_\_\_\_\_\_** Masters Swimmer $50 per month

**\_\_\_\_\_\_\_**Spouse or LSU Faculty or LSU Student morning **and** evening swim option $45 monthly

**\_\_\_\_\_\_\_** Corporate Rate $40 per month (10 or more participants from the same employer)

**\_\_\_\_\_\_\_** LSU Student $25per month ( Coached sessions only, morning and lunchtime practice times available).

**If for any reason I, as the swimmer, am unable to continue participation in the program prior to the end of a month, I understand that I am obligated to notify the Tiger Aquatics office prior to the 1st of the following month that I have withdrawn from the program. I agree that if the office is not notified prior to the 1st of the month, I am required to pay the monthly dues in full, and my account will be debited. I also agree that I will be charged a reinstatement fee of $75 each time I reactivate my membership**

**Release of Liability**

 ***I hereby release Tiger Aquatics Swimming, LLC, its employees, officers, directors and volunteers, and any facility used by Tiger Aquatics from any liability arising out of any injury to myself as the swimmer, which may occur while I am participating in the swim program, including, but not limited to, practices, meets, travel trips, and other team activities, or while I am using facilities owned, leased, or used by Tiger Aquatics***

Masters Swimmer’s Signature Date

Printed Name of Masters Swimmer

Tiger Aquatics Swim Club, LLC

Automatic Bank Draft Authorization Form

All information is required before processing

|  |  |
| --- | --- |
| Personal Information: | Financial Information: |
| Name (Please Print): | Name of Financial Institution: |
| Street Address: | Financial Institution Address: |
| City, State, Zip code: | Financial Institution City, State, Zip code |
| Telephone Number: | Routing Number: |
| Email address: | Checking Account Number: |

Please contact your financial institution to confirm the appropriate ACH bank routing number and correct bank account number. These numbers may differ from your checking account number.

Upon receipt of this completed authorization form, bank drafting of payments will begin the month of the next billing statement. The invoices are automatically generated the 1st of each month. The bank drafts are process on/around the 10th of each month. The words “Capitol One” (not “Capital One,” the misspelling is on the part of the company processing the bank drafts) will appear as the drafting agent on your banking statement, NOT Tiger Aquatics.

\_\_\_\_\_ (**please initial) I grant authority to Tiger Aquatics Swimming, LLC to draft my account listed above for the total amount invoiced each month. The financial institution listed above is authorized to pay such drafts when so drawn and presented for payment until authority is revoked. By signing below, I understand that I must notify the billing office at Tiger Aquatics prior to the 1st of the month in which I intend to cancel membership. After the invoice is generated on the 1st of the month, I understand that I am responsible for payment in full.**

**Signature (as accepted by Financial Institution): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Forward completed authorization form to:

Email: Lyndi@swimtaq.com

Or Mail to:

Tiger Aquatics

5261 Highland Road, Suite 324

Baton Rouge, LA 70808