

**NAC SWIM TEAM SUMMER 2022 REGISTRATION FORM**

Please fill out all fields and use multiple forms for more than 2 swimmers. Forms with incomplete or illegible information may not be accepted.

Family Information			
Parent/Guardian Name(s):			
Address:			
City:	State:	Zip:	
Primary phone:	type: cell/landline	Secondary phone: type: cell/landline	
Primary email:		Secondary email:	
Swimmer #1: (LAST)	(LEGAL FIRST)	(MIDDLE)	
Nickname/Preferred Name:	Gender: M/F	Date of Birth:	
NAC Member: YES/ NO	Returning Swimmer: YES/ NO	2021-2022 Group:	
Health/physical/emotional concerns:			
Swimmer #2: (LAST)	(LEGAL FIRST)	(MIDDLE)	
Nickname/Preferred Name:	Gender: M/F	Date of Birth:	
NAC Member: YES/ NO	Returning Swimmer: YES/ NO	2021-2022 Group:	
Health/physical/emotional concerns:			
Group Fees*		Number	Total
Level 1 Full Program Member \$139/Non-Member \$159			
Level 1 Weekly (please check weeks) \$29 per week: <input type="checkbox"/> 6/6 <input type="checkbox"/> 6/13 <input type="checkbox"/> 6/20 <input type="checkbox"/> 6/27 <input type="checkbox"/> 7/11 <input type="checkbox"/> 7/18			
Level 2 Full Program Member \$169/Non-Member \$199			
Level 2 Weekly (please check weeks) \$39 per week: <input type="checkbox"/> 6/6 <input type="checkbox"/> 6/13 <input type="checkbox"/> 6/20 <input type="checkbox"/> 6/27 <input type="checkbox"/> 7/11 <input type="checkbox"/> 7/18			
Level 3 Full Program Member \$229/Non-Member \$269			
Level 3 Weekly (please check weeks) \$59 per week: <input type="checkbox"/> 6/6 <input type="checkbox"/> 6/13 <input type="checkbox"/> 6/20 <input type="checkbox"/> 6/27 <input type="checkbox"/> 7/11 <input type="checkbox"/> 7/18			
*Nonrefundable. Refunds will be given only for medical reasons at the Aquatics Department's discretion. Accounts will be billed between 6/1 and 6/15 for the full program; weekly billing will take place by week		<b>Total Due</b>	

For any questions regarding registration, please email [swimteam@newtownathletic.com](mailto:swimteam@newtownathletic.com). Your registration will not be complete until we have the signed acknowledgements and payment info on file. Please see the following pages for clinic policies and payment information.

**NAC Swimming- Liability Release**

Participant expressly agrees on his/her behalf that all use of the club shall be undertaken at his/her sole risk, and that the Club's owners, managers and employees shall not be liable for any damages, injuries, or COVID-19 exposure to any member or guest, or be subject to any claim or demand whatsoever. Each participant assumes responsibility for him or herself and on behalf of his/her executors, administrators and assigns, does fully and forever waive, release and discharge the Club's owners, managers, employees and agents from any and all claims, demands, damages, rights of action or cause of action, present or future whether the same be known or unknowns, anticipated, resulting from, or arising out of, the Member or his/her guest, or his/her minor children's use or intended use of the Club's facilities and equipment.

Where the Participant is a minor (under 18), a parent or legal guardian must sign below indicating agreement with the terms this application on behalf of the minor child.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Behavioral, Team Communication, and COVID-19 Policy**

Swimmers and parents agree to follow the NAC Swim Team's anti-bullying and safe sport policies as outlined in the Winter 2021-2022 handbook, available at [www.nacswimteam.com](http://www.nacswimteam.com). Participant has reviewed and agreed to applicable COVID-19 policies and precautions with the understanding that the NAC does not hold any liability for swimmers contracting COVID-19. Team communication will take place primarily through email to minimize in-person contact; parents/guardians agree to check the email listed on the registration form for updates from NAC Swim Team staff. Failure to comply with team policies may result in the dismissal of a swimmer from Spring Clinic without refund.

Parent/Guardian Signature \_\_\_\_\_

Swimmer Signature \_\_\_\_\_

Date \_\_\_\_\_

**Good Faith Registration Commitment**

I understand that clinic fees will only be refunded for medical reasons at the discretion of the NAC Aquatics Department, and that by registering for the spring clinic, I am liable for all clinic fees. Because space is limited, families who turn in a registration form to claim a spot and later withdraw will be charged 25% if withdrawing before 4/1 and 50% if withdrawing before 4/10. Once spring clinic begins, refunds will be given only for medical reasons. We do not prorate for missed clinic sessions or missed weeks. For financial hardship situations necessitating discounted clinic fees, please reach out to the NAC Swim Team staff directly.

Parent/Guardian Signature \_\_\_\_\_

Swimmer Signature \_\_\_\_\_

Date \_\_\_\_\_

