

Moore County Homeschool Aquatics
PO Box 534
West End, NC 27376

MCHA Black Marlins Registration Form & Contract

Check One: Renewal New (include copy of Birth Certificate or Proof of Age Form)

Swimmer's First Name _____ **M.I** _____ **Last Name** _____

Birth Date _____ Age _____

Health Concern _____

Parent's email _____

Parents Info

Father _____ Cell Phone _____

Mother _____ Cell Phone _____

Home Address _____

Home School Name _____ Home School # _____

Emergency Contact _____ Phone _____

Cost: \$350

* Includes Swim Suit & Swim Cap and 1/2yr USA Swim Reg. (insurance)

_____ Child 1 \$ _____

_____ Child 2 \$ _____

_____ Child 3 \$ _____

Total \$ _____

PAID \$ _____

Registration Fees

Swimmers must register with North Carolina Swimming, USA Swimming, and with PAST Swimming to join the team. No swimmer is permitted in the water until the registration form and fees have been received. The Registration Fee covers insurance and the annual registration to NC Swimming and USA Swimming.

Swim Team Dues (Parent's Initial _____)

PAST's swim session run in 12 week sessions. In the event that the swimmer wishes to cancel this contract during the contract period, the head coach must be notified in writing, giving at least a 14 day notice. In this event, I understand that dues will be assessed through the month in which the 14 day notice expires.

Late Fees (Parent's Initial _____)

Billing begins on the last weekend of each month. Dues are due on the First day of Practice for each new session. Session fees are due no later than the 5th day of each session. In the event payment is made after the 5th day, a late charge of \$10 will be assessed to the account. I understand that a swimmer will not be allowed to practice or swim in a meet if billed dues or meet fees are 30 days past due.

Waiver Statement

I hereby agree to be fully liable for and hereby agree to waive and release Pinehurst Area Swim Club, it's Coaches, employees, facility owners and members from any and all injuries, costs, damages, causes of action, claims, direct or indirect, and any consequential and incidental damages arising out of or resulting from any injury, death, or damage to property which I or my dependent child or children may sustain as a result of or arising out of participation on the Team or as a result of or arising out of the use of the Facilities.

I hereby agree to waive any and all claims that I may have, either directly or indirectly, against Pinehurst Area Swim Club, its Coaches, employees, facility owners and members as result of any and all injuries or loss to my dependent or damage to property of my dependent in relation to his or her participation on the Team or arising out of the use of the Facilities.

I hereby give permission for the Pinehurst Area Swim Team Staff to give and/or seek appropriate medical attention to the participant in the event of an accident, injury, or illness.

Newspaper/Website Release

I **Approve** _____ or **Don't Approve** _____ to use my child's name, photo, or video in the newspaper, website, or other media outlets.

Parent or Legal Guardian: _____ Date: _____