

**ACKNOWLEDGEMENT AND ELECTION of
PARENTAL AND SWIMMER RESPONSIBILITIES Fall/Winter 2015/16**

Please initial your elected option

___ I/We have read this document and agree to fulfill all of my HAC parental responsibilities.
I also pledge that my swimmer(s) will fulfill their responsibilities to the team.

___ I/We understand that if I/We do not fulfill club requirements including participation and fundraising, I/We will be assessed up to \$300.

Parent's Printed Name

Swimmer's Name and Level

Parent's Signature

Date