

Carson Tigersharks Membership Agreement

Swimmer's Name _____

- Monthly dues are payable by the 10th of the month and are considered delinquent after that date. Families who are 2 months past due will not be allowed to swim until meeting with the team treasurer. Checks should be written to the Carson Tigersharks and may be mailed to: PO Box 1876, Carson City, NV 89702 or deposited in the team mail box in the front of the pool. **(Initials):** _____ If the Tigersharks receive a check with insufficient funds, all bank fees must be paid associated with that check **(Initials):** _____. Monthly dues will not be prorated. If your swimmer attends any practice in a given month, the monthly dues must be paid in full. **(Initials):** _____
- Monthly dues provide only part of the teams' operating funds. Fundraisers and swim meets are essential to the success of the Tigersharks swim team. There will be fundraising events throughout the year that each family is required to participate in. In addition, volunteering at Tigersharks hosted swim meets (3 per year) is mandatory for each family and the separate volunteer policy must be agreed upon and signed **(Initials):** _____
- A minimal hospitality fee (variable with \$15 maximum) will be charged to each family for each Tigersharks hosted meet. **(Initials):** _____
- It is exciting and important for swimmers at all levels to attend meets at other facilities. Assistance with "timing" at swim meets hosted by other teams is required from each family. **(Initials):** _____
- Registration with USA swimming (USA-S) is required as part of membership with the Carson Tigersharks and is a separate fee of \$73.00. This registration provides the card holder with accident insurance for all properly sanctioned events and supervised practices of member clubs. Registration must be renewed annually. **(Initials):** _____
- Change in status request must be given FIVE (5) days prior to the end of the month of such change. A written or email notification to the team manager will guarantee the change of status. **(Initials):** _____
- I understand that prior to my swimmer changing groups the coaches involved will notify me. **(Initials):** _____
- Email is the official means of communication for team administration to members. Communication is available through the team newsletter, the website (www.tigersharks.org), the team bulletin board, and the swimmers' folders. It is the responsibility of the family to utilize these resources. **PLEASE NOTIFY YOUR COACH IF YOU DO NOT HAVE AN EMAIL ADDRESS.** **(Initials):** _____
- My child _____ will be in the _____ group and I will pay the dues for that group. **(Initials):** _____

Parent/Guardian: As a parent/guardian, I represent that the information given here is correct and that my child has my full consent to participate in the events sponsored by the Carson Tigersharks. In the event that my child becomes ill or injured and I cannot be reached, I hereby consent to any emergency treatment that may be deemed necessary by a physician.

PRINTED NAME _____ SIGNATURE _____ DATE _____

Responsibility Party/Parent/Guardian: I do hereby agree to comply with the requirements, policies, and regulations which have been established by the United States Swimming (USA-S), Pacific Swimming (PC), and the Carson Tigersharks. While benefits derived from swimming participation are great, there are also calculated risks in such participation. Both participants and parents/guardians are hereby advised that an element of risk is present in all such participation. I assume all risks and hazards incidental to swimming activities, I do further release, indemnify and hold harmless USA Swimming, Pacific Swimming, the Carson Tigersharks, the City of Carson, the Carson City Recreation Department, the Carson Aquatic Facility, and their Officers and/or Directors. The Carson Tigersharks reserve the right to ask for physician approval as indicated. I hereby certify that I have read the foregoing and any attached material, understand it and sign this document voluntarily.

PRINTEDNAME _____ SIGNATURE _____ DATE _____