

**High School Sport Authorization**

High School Sport Authorization is intended for Storm Aquatics swimmers who wish to participate in a High School sanctioned sport and remain on the Storm Aquatics Swim Team.

Because High School sports teams practice after school, we recognize that it may be difficult to participate in Storm Aquatics practices on a regular basis. This form allows swimmers to participate in Storm Aquatics practices as a drop-in swimmer at a fee of $10 per session up to 10 per month- removing the required monthly practice fee through the duration of the High School sport season. Swimmers may also participate in Storm Aquatics meets and other events.

In order to participate as a member of Storm Aquatics under High School Sports Authorization, a Storm Aquatics swimmer must:

1. Register with PNS/USA Swimming
2. Register with Storm Aquatics (pay Storm Aquatics registration fee)
3. Complete and sign the High School Sport Authorization form

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ will be participating in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_during the

Name of Swimmer Name of School and Sport

dates of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and will be returning to regular swim

practice on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

* I understand that, during the dates listed above, the monthly swim practice fee will be at a drop-in rate of $10 per session, up to 10 sessions per month.
* I understand that if my swimmer attends more than 10 Storm Aquatics practices per month during the dates listed above, I will be charged the regular monthly practice fee for the month based on the swimmer’s swim level.
* I understand that during this time the fundraising and required volunteer hours are not changed or reduced.
* The return to regular practice date listed above is when my swimmer is expected to return to attend full swim practices and, at that time, the regular monthly fee will resume.

Parent/Guardian signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Coach Authorization\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Effective Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*\*Please ensure that this form is given to the Storm Aquatics Treasurer upon completion.\*\*\*