Columbia Swimming Registration

Registration and Athlete Information (PLEASE PRINT)

**Athlete Name**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last, First,   M.I.,   Preferred Name

Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Gender \_\_\_\_\_

Father’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

                Street, City, Zip Code

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**USA Swimming Registration Information**

U.S. Citizen: Y / N                 Swimmer status: New / Renew / Transfer                  Ethnicity: \_\_\_\_\_\_\_\_\_\_

Any disability that the coaches need to be aware of (i.e. visual, auditory, physical, cognitive) \_\_\_\_\_\_\_\_\_\_

CS registration cost is an annual fee of $165.00 ($75.00 team registration fee and a $90 USA swimming fee).

Monthly dues vary according to the athlete grouping, as determined by the coaching staff. **The**

**first month’s dues and registration fee must be paid at time of enrollment.**

Your monthly charges will be invoiced to you via email.  All payments are due by 5th of the month. A late fee of $20.00 (one athlete) or a $30.00 (two or more athletes) will be assessed if payment is not received by the 10th of the month. There is a 200.00 Early withdrawal from the program if swimmer leaves before the end of the season.

Team registration runs from September 2018 to August 2019**. This registration is a 1 year commitment**.

ACKNOWLEDGMENT: *I have read, understand, and agree to the above terms of Columbia Swimming (CS-SC).  I understand that my athlete will not be permitted to practice or enter meets if my account is past due.*

Parent/Member Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Group \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Amount Paid \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cash \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Check #\_\_\_\_\_\_\_\_\_**

**Session\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Time:\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

# Columbia College

# Assumption of Risk

**First-Aid and Health Care Authorization**

**Greer Natatorium**

### Participant’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am fully aware of the potential of physical risks while swimming in the Greer Natatorium. I understand that I could sustain both minor and severe injuries. Minor injuries could include abrasions or bruises; major injuries may include drowning. I accept this assumption of risk that is always present whenever I swim.

In consideration of Columbia College permitting me to swim in the College’s swimming pool and use related facilities, I, on behalf of myself, my heirs, devisees, assigns and any person or entity claiming by or through me, hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless the College, its Board of Trustees, employees, faculty members, students and any one else associated with the College from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of the pool or College facilities. I understand the foregoing limitation of liability shall apply whether the claim is based upon breach of contract, negligence, gross negligence, strict tort, breach of any statutory duty or principle of indemnity.

I hereby give certified lifeguards employed by Columbia College authorization to render first aid to me in the event of an injury or illness while swimming in the Greer Natatorium. Injuries that I may encounter and receive treatment for include, but are not limited to, the following:

|  |  |  |
| --- | --- | --- |
| Cuts, lacerations and abrasions | Head injuries, including concussions | Neck and back injuries |
| Choking | Eye injuries | General fatigue |

If I require specialized or emergency care, I will be referred to the appropriate medical facility or professional. I further understand that a person listed as my emergency contact will be notified if considered necessary by a member of the Columbia College Police Department.

**By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against the enumerated parties on the basis of any claim from which I have released them herein.**

**I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.**

Participant’s Signature Date

Parent’s Signature (if under 18) Date

Aquatics Coordinator/Columbia College Date

Insurance Carrier:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ cell\_\_\_ home\_\_\_

**Swim Groups:**

Lessons: Beginning Swimmers (DAYS AND TIMES MAY CHANGE)

Tuesday and Thursday 7:00 pm to 8:00 pm

$100.00 Month

Beginner I Group: 2 days a week Developmental Swimmers

Monday through Thursday 6:00 pm to 6:55 pm

$110.00

Beginner II Group: 3 days a week Advanced Developmental Swimmers

Monday through Thursday 6:00 pm to 7:15 pm

Saturday 12:00 pm to 1:00 pm

$120.00

Juniors: Pre Senior – Advanced swimmers under age 13/**Min. 5 practic**

Dry land Starting 2nd wk Oct. 5:30 pm

Monday through Thursday 6:00 pm to 8:00 pm

Tuesday/Friday 5:30 am to 7:00 am

Saturday 12:00 pm to 2:00 pm

$140.00

Seniors: Advanced Swimmers wanting to make State and Sectional Cuts over 13/**All required**

Dry land Starting 2nd wk Oct. 5:30 pm

Monday through Thursday 6:00 pm to 8:00 pm

Tuesday/Friday 5:30 am to 7:00 am

Saturday 12:00 pm to 2:00 pm

$160.00

**COLUMBIA SWIMMING/TEAM GEAR**

SWIMMER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENT NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL/PHONE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ALL SWIMMERS MUST COMPETE IN TEAM SUIT AND CAP**

FEMALE SUIT \_\_\_\_\_\_\_\_ SIZE \_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_69.00\_\_\_\_\_\_\_\_\_\_\_\_\_

MALE BRIEF \_\_\_\_\_\_\_\_ SIZE \_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_39.00\_\_\_\_\_\_\_\_\_\_\_\_\_

or

MALE JAMMER \_\_\_\_\_\_\_\_ SIZE \_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_49.00\_\_\_\_\_\_\_\_\_\_\_\_\_

DRAG SUIT \_\_\_\_\_\_\_\_ SIZE \_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_39.00\_\_\_\_\_\_\_\_\_\_\_\_\_

TEAM SHIRT \_\_\_\_\_\_\_\_ SIZE \_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_16.00\_\_\_\_\_\_\_\_\_\_\_\_\_

SWIM CAP L \_\_\_\_\_\_\_\_ $ \_\_\_ 6.00\_\_\_\_\_\_\_\_\_\_\_\_\_

SWIM CAP S \_\_\_\_\_\_\_\_ $ \_\_\_\_18.00\_\_\_\_\_\_\_\_\_\_\_\_\_

W/UP JACKET \_\_\_\_\_\_\_\_\_SIZE\_\_\_\_\_\_\_\_\_\_\_\_\_$ \_\_\_\_60.00\_\_\_\_\_\_\_\_\_\_\_\_\_

W/UP PANT \_\_\_\_\_\_\_\_\_SIZE\_\_\_\_\_\_\_\_\_\_\_\_\_$ \_\_\_\_38.00\_\_\_\_\_\_\_\_\_\_\_\_\_

HOODIE \_\_\_\_\_\_\_\_\_SIZE\_\_\_\_\_\_\_\_\_\_\_\_\_$ \_\_\_\_28.00\_\_\_\_\_\_\_\_\_\_\_\_\_

PRENT SHIRT\_\_\_\_\_\_\_\_\_SIZE\_\_\_\_\_\_\_\_\_\_\_\_\_$ \_\_\_\_16.00\_\_\_\_\_\_\_\_\_\_\_\_\_

TOTAL DUE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PAID CASH \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CHECK # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Make checks out to: COLUMBIA SWIMMMING

\*Prices subject to change with new season price increase from manufacturers

CALL AUGUSTA SWIM SUPPLY FOR ALL EQUIPMENT NEEDS (FINS, PULL BOUYS, KICK BOARDS, MESH BAGS….. DAVE JOHNSON 888-799-7946)