***Welcome to AUB!***

We are excited about you becoming a member of the Auburn Aquatics Swim Program (AUB). AUB is a year-round competitive swim team offering instruction to young people of all ages and abilities.

**Please review this entire registration package** prior to completing. Many of your questions should be answered either in this package or in the Extra Handouts. Please do not hesitate to call the team phone at 334-707-1980, or speak to one of the coaches, if you have any questions.

**Program Fees/Tuition are paid via Team Unify or Check.** After completion and acceptance of your registration package, you will receive an email to set up your Team Unify account.

**Communication**…AUB relies primarily on e-mails and the AUB Website to communicate with our membership. It is very important to set up your team unify account through the AUB Team unify portal and there provide **every** e-mail address to which you would desire information to be forwarded. Email communication will include future e-statements, last minute changes or cancellations, reminders of deadlines, and calls for assistance for upcoming AUB sponsored events.

**Volunteers** - As a non-profit organization run by coaches and volunteers **we need YOUR time and talents**. Each family swimming with Auburn Aquatics has a worker point requirement for the year. Please take a minute to look over the “Time and Talents” information on pages 7 & 8, and check **all** areas that you would be willing and interested in helping AUB and return the completed form. We have training programs for all the jobs. WE NEED ALL FAMILIES TO WORK AT OUR AUB SPONSORED MEETS.

**Necessary items to return for Registration with AUB:**

I. 1. AUB Registration Form – completed (page 2)

2. Acknowledgment of Member Obligation – signed (page 4)

3. Dues and Fees - signed (page 5)

4. Medical Authorization form – completed and signed (page 6)

5. Time and Talent Sheet – completed (page 9)

II. You must include your registration fee. **1st monthly dues payment is due at the first of the month (late on the 10th),** which covers the September payment for your appropriate swim group and dues payment option selected from the Dues & Fees, page 5. ***Make your check payable to “Auburn Aquatics”.***

You will find the web site, www.auburnaquatics.com a tremendous tool in keeping abreast of AUB happenings, **check it often**. You can also contact the coaches using e-mail via the web site.

***AUB2017-2018 MEMBERSHIP REGISTRATION FORM***

**Please provide your swimmer’s complete name as it appears on their Birth Certificate:**

**Primary email address**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alternate email addresses can be added to your Team Unify account

**Swimmer # 1** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Nickname\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Birthda**y\_\_\_\_\_\_\_\_\_\_\_\_**Sex**\_\_\_\_\_

First Middle Last

Circle Training Group: **Pre-Team Olympic Strokes Tiger Eagle Junior Senior Seasonal**

Circle T-Shirt Size: YL AS AM AL AXL

**Swimmer # 2**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Nickname\_\_\_\_\_\_\_\_\_\_\_\_\_**Birthda**y\_\_\_\_\_\_\_\_\_\_\_\_\_**Sex**\_\_\_\_\_

First Middle Last

Circle Training Group: **Pre-Team Olympic Strokes Tiger Eagle Junior Senior Seasonal**

Circle T-Shirt Size: YL AS AM AL AXL

**Swimmer #3**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Nickname\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Birthda**y\_\_\_\_\_\_\_\_\_\_\_\_\_**Sex**\_\_\_\_\_

First Middle Last

Circle Training Group: **Pre-Team Olympic Strokes Tiger Eagle Junior Senior Seasonal**

Circle T-Shirt Size: YL AS AM AL AXL

**COMPLETE SECTION BELOW ONLY IF DIFFERENT FROM LAST YEAR.**

Home Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone(s) Father:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mother: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mother’s name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Business Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer Employer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OccupationOccupation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent address: If different from swimmer**

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total worker points for 2017-2018 for my family \_\_\_\_\_\_\_\_\_to be completed by July 1st, 2018.

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If you are unsure of which group your swimmer should be in, contact your coach today**.

After completing this registration form you will be instructed on how to set up your TeamUnify account.

***AUB Acknowledgment of Member Obligations***

**Swim Year September 1, 2017 through August 31, 2018.**

Auburn Aquatics Swim Program (“AUB” or “the organization”) is a non-profit organization that depends on the service and financial commitments made by its members and participants. Annual budgeting is necessary for the economic success of the organization. As a member of AUB, I understand that I am obligated to make certain financial and service commitments that are outlined in this “Acknowledgment of Member Obligations”. By accepting membership into AUB, I agree to these obligations and will pay any and all sums that are owed when due and payable.

**Definitions**

Member: A family that is participating in AUB, regardless of the number of swimmers. For the purposes of this acknowledgment, the member will be a parent/guardian of a participating swimmer that agrees to be obligated to the terms herein.

Board of Directors: The governing body of AUB responsible for the management of AUB pursuant to its Bylaws.

Registration Fees: Non-Refundable Fees that are charged to the members each swim year and due at registration for the swim year. These fees are used as determined by the Bd. of Directors for misc. administration fees associated with registration.

Dues: Fees that are charged to the members by AUB to defray operational expenses to the organization including, coaching, administration, facility usage, and other general expenses.

Worker Points: Each member is required to contribute a certain amount of service time each swim year to help with running swim meets. The number of worker points obligated is based on the highest-level swimmer in the member family. The Board of Directors shall determine and give notice for the number of worker points earned for each service opportunity.

Coaching Staff: The Coaching Staff consists of a Head Coach and staff coaches that report to the Head Coach. The coaching staff shall determine practice and meet schedules and routines for each swim level. The coaching staff shall have the exclusive responsibility for determining the events that members may participate in at swim meets.

***AUB Acknowledgment of Member Obligations***

CONTINUED

**Obligations**

1. The amount of Registration Fees, Program Dues, Fund Raising Commitment, and Worker Points for which I am responsible are detailed on the Tuition & Fees, page 5, of this package.

2. I will be obligated to pay the organization **$5.00 for each unearned worker point** at the end of the swim year or at the termination of my membership, whichever occurs first. However, I understand and agree that I will not be entitled to any refund or credit for points earned in excess of the Worker Point Commitment as described on page 5 of this package.

4. Program Dues are paid via Electronic Funds Transfer (EFT), cash or check. I understand that should my account for dues be in arrears, then no family member may swim in meets or practice until the account is made current or payment arrangements have been approved by the Board of Directors. I further understand that should my account be in arrears and payment arrangements have not been approved by the Board of Directors, then further disciplinary action by the Board of Directors may result; that may include termination of membership from AUB.

5. **I understand that I may terminate my membership by emailing swimauburn@gmail.com 30 days written notice of the termination date.**

6. I understand that if my membership is terminated, either voluntarily or involuntarily, all sums owed are due and payable immediately; including Tuition and compensation for unearned worker points. I also understand that should termination occur, that I will owe interest on the unpaid amounts owed to the organization at the rate of 10% per annum. If you are taking an extended break you must email swimauburn@gmail.com to inform the AUB staff. You will receive a response email confirmation which will include worker point adjustment (if applicable). Failure to communicate your intentions will leave you obligated for fees/dues and worker points.

7. I understand that the Board of Directors may terminate my membership with or without cause. If the Board chooses to terminate my membership without cause, I will receive a pro-rata return of any unearned program fees.

8. I agree that should the organization have to pursue collection for sums owed to AUB that I will be responsible for any and all costs, expenses, and reasonable attorney fees associated with pursuing the sums owed.

9. I agree to assume responsibility for damages to property caused by my family members. I further agree to indemnify and hold harmless AUB; its officers, directors, employees, or agents, for claims, demands, or actions arising out of any injury or damages to persons or property caused by my family members or guests of my family members.

10. I understand that an Authorization for Medical Services must be executed for each minor swimmer before that swimmer may participate in any activity.

11. I understand that the “discounted pre-paid” options of payment are non-refundable.

12. I understand that membership is renewable annually, and that all terms and provisions apply throughout subsequent renewals.

13. I understand that AUB is an ARENA sponsored team and that I am required to wear ARENA practice gear at all practices and my team uniform to all AUB hosted and away meets.

14. I have read the AUB Code of Conduct, which is available online, have discussed it with my son/daughter, understand it, and agree to abide by it.

**AUBURN AQUTICS SWIM PROGRAM IS A PRIVATE NON-PROFIT ORGANIZATION. AN INDIVIDUAL OR FAMILY MEMBER MAY NOT PARTICIPATE IN ANY WAY IN THE ORGANIZATION UNTIL THE MEMBER EXECUTES THIS ACKNOWLEDGMENT, PAYS THE APPLICABLE REGISTRATION FEES.**

**The individual executing this acknowledgment accepts personal responsibility for the terms herein.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Adult Family Member – Signature Print Name Date**

***AUB* Tuition and Fees *Acknowledgment of Member Obligations***

Swim Year September 1, 2017 through August 31, 2018CONTINUED

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **TUITION & FEES** | **#1** | **#2** | **#3** | **WORKERPOINTS** | **Team REGISTRATIONFEE** | **Team Uniform (Required for each swimmer)** |
| **METHOD** | **ANNUAL** | **Tuition** | **Multi-Family** | **Note 1** | **CHECK #1** |  |
| **PAY SCHEDULE** | Includes 10% OFF | 10 MONTHLY TRANSACTIONS | MO./ANNUAL PER SWIMMER  3rd+ swimmer lowest group level | OBLIGATION IS PER FAMILY, HIGHEST GROUP LEVEL | Includes USA Registration fee and Team Admin. Fees | Includes 2 T-shirts and a cap(Due by Sept. 1) |
| **Pre-Team/Learn to swim** | NA | $105/month | $85/month | NONE | $125 | NA |
| **OLYMPIC STROKES 12 and under** | $1,134 | $105/month | $85/month | 40 | $125 | $40.00 |
| **TIGER 12 and under** | $1,035 | $115/10 payments | $95 | 80 | $125 | $40.00 |
| **EAGLE 9-12** | $1,125 | $125/10 payments | $105 | 110 | $125 | $40.00 |
| **JUNIOR11 and over** | $1,170 | $130/10 payments | $110 | 110 | $125 | $40.00 |
| **SENIOR 15 and over** | $1,305 | $145/10 payments | $125 | 110 | $125 | $40.00 |
| **SEASONAL (15 and over HS - August-November)** | NA | $250 includes 3.5 months /1 payment | NA | NA | $0 | NA |

***NOTE:*** WORKER POINT OBLIGATION IS PER FAMILY; *HIGHEST GROUP LEVEL*. UNEARNED WORKER POINTS ARE PAYABLE July 1, 2018. ***All equipment and suits to be used at practice should be ARENA products with the exception of fins, paddles, and goggles. These products are not part of our ARENA agreement. Suits worn for Championship competition may be other than ARENA but all other suits for practice non-championship meets must be ARENA.***

***Every family worker point achieved after 110 will accrue a $5.00 discount per point towards home meets and the following year registration fee.***

***\*Team Uniforms if a new member will be sized at the pool after completion of registration packet and Team Unify account set up, but you are required to order and pay for them through ALL ATHLETES IN EAGLE, JUNIOR, AND SENIOR MUST WEAR DRAG SUITS, SEASONAL ATHLETES INCLUDED.***

**Private swim lessons are available through Auburn Aquatics and are $120 for 120 minutes of total instruction.**

|  |  |
| --- | --- |
| **First Payment Tuition (Annual or monthly) +** |  |
| **Worker Point Buyout +** |  |
| **Team Reg. Fee Total +** |  |
| **Team Uniform+** |  |
| **Grand Total** |  |

This Dues & Fees page is herewith incorporated and made a part of the AUB Acknowledgement

of Member Obligations \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Member Signature

***AUBAuthorization for Participation and Medical Services***

(This authorization must be completed for **each** minor participant)

I hereby represent that I am a legal parent or legally appointed guardian of the below named individual and that the named individual is under the age of nineteen (19) years. **I herewith give consent to Auburn Aquatics Swim Program (AUB) or its medical representatives to obtain for the below named individual emergency medical treatment and services from any licensed physician, hospital, or clinic for injuries or illness associated with activities arising from participation in AUB, including, but not limited to practice, team events and activities, and competition in swim meets.**

I further understand that in no event will AUB, its officers, directors, employees or agents, be held liable for any first aid or emergency medical treatment or services performed pursuant to this authorization.

I further represent that I will guarantee and otherwise be responsible for any costs, charges or expenses associated with providing these medical services or treatment to the named participant. I agree to indemnify and hold harmless AUB from any claim, cause or action against it for payment of medical services or treatment provided pursuant to this authorization.

I understand that I am responsible for making sure that the below named individual does not attend or participate in any AUB activity if he/she is not in good physical condition prior to the commencement thereof.

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

**Participant Name (please print) Date of Birth**

Please list all known allergies and other conditions that the coaching staff should be made aware: *This includes but is not limited to any chronic medical condition that the participant may be under a Physician’s care and any medications taken for treatment!* (For example; Asthma, Diabetes, Arthritis, ADHD, etc.)

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

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**Health Insurance:**

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

Company Name

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

Name of Insured or Policy Holder Policy and/or Group Number

**Emergency Contact:(Please include Area Code)**

Name Relationship Phone Cell

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

**I acknowledge and I am aware that certain dangers and risks of personal injuries exist by participating in activities associated with competitive swimming. I assume these risks and dangers to the above named individual and hereby give my permission for him/her to participate in any and all AUB activities including, but not limited to practice, team events and activities and competition in swim meets.**

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

Parent/Guardian Signature Relationship

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

Parent/Guardian Name (please print) Date

AUB**Information you need to know about your AUB membership**

**Each AUB family has a Worker Point obligation. Worker Points** are also based on the highest-level training group swimmer in the family. Please see page 5, Dues & Fees, to find your family’s worker point requirement. The worker point system is intended to motivate members to be involved with running and managing the operations of the Club. AUB has a long-standing reputation for hosting “well run” swim meets, which is due to the hard work of our families. On average, it requires 40+ people, **per session**, to manage/run an AUB-hosted meet. At all AUB-hosted meets workers earn worker points. It will be your responsibility to make sure that you have “signed in” when working at one of the AUB-hosted events in order to received credit for your worker points. More than one family member may work during a session for points. AUB **expects Worker Points to be earned through worker participation**. *All* ***unearnedworker points*** *will be invoiced at a rate of* ***$5.00 per point****.*

List of job opportunities for worker points associated with conducting an AUB-hosted swim meet.

1. **TIMERS** – Operate stop watch and backup button.
2. **RUNNERS** – take information from one place to another repeatedly.
3. **OFFICIALS** – A USA-S official judges legal stroke technique and act as Starter and Referee. AUB can help you become a certified official.
4. **ELECTRONIC TIMER OPERATOR** – This involves operating the electronic timing equipment.
5. **COMPUTER** – Operating the computer during the meet and printing results.
6. **ANNOUNCER**- calls swimmers to Clerk of Course, announces results, etc.

**Points will be credited to family accounts as follows:**

***1 Point per hour worked:***

Timing

Running

Announcer

***2 Points per hour worked****:*

Computer

Timing Console

Stroke and Turn Official

***3 Points per hour worked:***

Starter

Deck Referee

Points can also be earned from donations of food and drinks for concessions and hospitality. ALL DRINKS MUST BE COCA-COLA products, ie. Dasani water, Powerade, and other Coke products only!

*1 point for every $5.00 of retail value.* Please bring receipt in order to claim your worker points. LAST NAME SHOULD BE WRITTEN ON EACH ITEM TO ENSURE WORKER POINT CREDIT.

Items received past the established deadline will not receive worker point credit.

Space is limited for each job. If you wish to do something in particular you need to sign up early all positions are first come first serve. You will sign up online through your Teamunify account.

If you wish to donate extra points to families in need please let us know.

If you would like to donate points to families that need help, please let us know that is something you wish to do prior to the meet starting.

When your family achieves the 110 worker points, every point after that will gain you a $5.00 discount towards home meets and registration fees for next year.

AUB**AUB NEEDS YOUR TIME AND TALENTS**

Parent involvement is a major part of our TEAM success. Our goal each year is to host the best-run swim meets in Southeastern Swimming. We can only accomplish this goal with all of our AUB parents contributing throughout the entire swim year. **We are constantly in need to cross train and replace our graduating parents so, please, review swim meet jobs listed below then indicate ALL the job(s) in which you have an interest in working and/or learning.**Remember - if your child is in the Pre-Team, you are not required to earn worker points. However this is a great time to learn what is involved with each job and a great way to meet other parents.

Swimmer’s name(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Name(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone (Daytime #)\_\_\_\_\_\_\_\_\_\_\_\_Night time #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Meet Jobs – check every area of interest**

\_\_\_\_1. Timer

\_\_\_\_2. Runner (take things from one place to another during the meet)

\_\_\_\_3. Announcer

\_\_\_\_4. Certified Official

\_\_\_\_5. Train to become a Certified Official

\_\_\_\_6. I know how to use Meet Manager for computer scoring the meet.

\_\_\_\_7. I know how to run the Colorado Swim 6.

\_\_\_\_8. I have computer or math skills and would like to learn one of the previous two jobs

**\_\_\_\_**9**.** Security

**Other Talents you would like to offer:**

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

AUB**AUB MEET ENTRY PROCESS HOME AND AWAY**

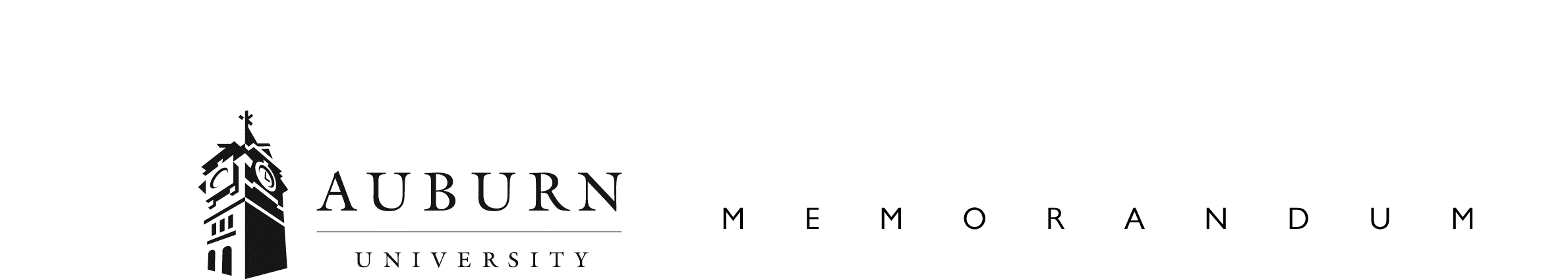
CONTINUED

**All Home meets will be priced at $45 per swimmer regardless of number of days a swimmer is swimming.** This price includes all fees toward our home meets and heat sheets that will now be downloadable from our website prior to all home meets.

**AWAY MEETS:**

All away meets will have a $45.00 surcharge, that will cover facility surcharges and relay fees, per swimmer and each swimmer will pay all applicable per event entry fees.

All meets will be registered for and entered online through your team unify account.

**AUBURN UNIVERSITY**

**HOLD HARMLESS, VOLUNTARY WAIVER, AND ASSUMPTION OF RISKS FOR USE OF MARTIN AQUATIC CENTER**

**Martin Aquatic Center - 664 Biggio Drive, Auburn University**

**USER INFORMATION**

Name of User:

Address: City: State: Zip:

Phone Number: Date of Birth: Gender: M \_\_\_ F \_\_\_

**PLEASE READ THIS “AGREEMENT” CAREFULLY BEFORE SIGNING. THIS IS A LEGALLY BINDING DOCUMENT. THIS FULLY SIGNED FORM MUST BE SUBMITTED BEFORE ANY PERSON IS ALLOWED TO USE THE FACILITY.**

**I, the undersigned, wish to utilize the facilities at the Martin Aquatic Center (hereafter “Facility”) and, in consideration for my use, I hereby agree as follows:**

**1. Assumption of Risks**

I acknowledge, understand and appreciate that as part of my use of the Facility there are dangers, hazards and inherent risks to which I may be exposed, including the risk of serious physical injury, temporary or permanent disability, and death, as well as economic and property loss. I further realize that Facility use may involve risks and dangers, both known and unknown, and have elected to use the Facility. To a large extent, these risks, dangers and hazards derive from the nature of the activities and the environment in which they take place. I agree that if I am not knowledgeable of the risks associated with use of the Facility I will obtain proper instruction in order to gain a full appreciation of the risks, dangers and hazards associated with these activities. These risks, dangers and hazards include but are not limited to: accidents which occur during use of the Facility where the activities take place.

**Swimming pool accidents including slipping on the pool deck, collisions in pool involving lane lines, end of pool or other swimmers; accidents at starting blocks involving diving or slipping; diving accidents in diving board activities including slipping, collisions with swimmers and hitting diving boards; and all other dangers that might occur from use of the other facilities available. Risks from these activities include: minor injuries such as scratches, bruises and sprains/strains; major injuries such as bone fractures, joint or back injuries, eye injuries, concussions and heart attacks; and catastrophic injuries such as paralysis or death, including death from drowning.**

I declare and affirm that my medical and physical condition allows me to use the Facility and does not pose any danger to my health. I am fully aware and understand that, other than lifeguard attendants at the Facility; the Facility does not employ or contract with any medical services, or provide for ordinary or emergency medical services.

**Therefore I voluntarily accept and assume all risk of injury, loss of life or damage to property arising out of my use of the Facility. I understand that I am responsible for my own insurance.**

**2. Facility Usage**

I agree that I will abide by all the rules and regulations of the Facility, which may be posted, issued orally and/or published. I agree that I will not engage in behavior injurious to the enjoyment of the Facility by others. I agree that if I am not knowledgeable in the proper use of any of the Facility or equipment I will obtain proper instruction for the correct use of the Facility or equipment from a certified instructor before I use the Facility or the equipment. I agree that it is my duty and responsibility to seek this instruction. I understand and agree that I will follow all safety precautions required for participation.

**3. Waiver of Claims**

I hereby release Auburn University, its Board of Trustees, Administration, Faculty, Staff, Student Leaders, and all other officers, directors, employees and agents (hereafter “Auburn”) from any and all liability as to any right of action that may accrue to myself or my heirs or representatives for any injury or loss that I may suffer while using the Facility. This agreement is binding on my heirs and assigns.

**4. Hold Harmless**

I furthermore release, indemnify and hold harmless Auburn from and against any and all liability, actions, debts, claims and demands of every kind whatsoever, specifically including, but not limited to, any claim for negligence or negligent acts or omissions and any present or future claim, loss or liability for injury to person or property that I may suffer, for which I may be liable to any other person, that may or does arise out of my use of Facility. I understand that Auburn accepts no responsibility for personal property.

5. Authorization for Medical Care

In the event of an accident or serious illness, I hereby authorize representatives of Auburn to obtain medical treatment for me and on my behalf. I hereby hold harmless and agree to indemnify Auburn from any claims, causes of action, damages and/or liabilities, arising out of or resulting from said medical treatment. I further agree to accept full responsibility for any and all expenses, including medical expenses that may derive from any injuries that may occur during my use of the Facility.

6. Choice of Law

This Agreement shall be governed by and construed under the laws of Alabama. I agree that any legal action or proceeding relating to this Agreement, or arising out of any injury, death, damage or loss as a result of my use of Facility, shall be brought only in Lee County, Alabama.

I, the undersigned have been given ample time to read and understand this Agreement, and fully accept its contents and conditions and agree to them by signing this Agreement voluntarily. I understand that I am giving up substantial rights (including my right to sue), and acknowledge that I am signing this document freely and voluntarily, and intend by my signature to provide a complete and unconditional release of all liability to the greatest extent allowed by law. My signature on this document is intended to bind not only myself but also my successors, heirs, representatives, administrators, and assigns. The information I have provided is disclosed accurately and truthfully.

SIGNATURE IS REQUIRED: A PARENT OR GUARDIAN MUST SIGN THIS FORM FOR A MINOR UNDER THE AGE OF 19

Participant’s Name Date

Participant’s Signature

Parent/Legal Guardian’s Name

Parent/Legal Guardian’s Signature Date