

IRISH AQUATICS
REGISTRATION CONTRACT
LONG COURSE SEASON 2008

Registration Checklist

Please bring this form with you to registration

- Completed Registration Contract
- Read and Sign Terms & Conditions/Liability Form
- Completed Medical Forms
- Meet Contract
- Paid dues

Second payment, if owed, due _____. Amount owed: \$____.00

Registration Details

You are registering for the Summer Long Course Season. The season starts on April 1st and ends on July 27th.

The first day of practice and registration will be held on April 1st, 2008 for all groups at Rolf's Aquatic Center, Notre Dame.

Please bring with you this completed contract and the first payment due upon registration based on your child's group selection. A separate contract is needed for each swimmer. To ease the enrollment process, following is a summary of what is included in your registration materials and those items that need to be completed upon registration.

- **Registration Contract** - please read and sign the following sections entitled "Terms and Conditions for Participation" and "Parent Authorization and Release of Liability" in their entirety as this is a legally binding contract.
- **Medical History/Consent to Emergency Care** – please complete thoroughly and sign the authorization for care in the event of an emergency.
- **USA Swimming Athlete Registration Application** – all swimmers must be registered with USA Swimming. A non-refundable registration fee of \$51 is required. This fee is for swimmer insurance and is paid to Indiana Swimming, Inc.
- **Irish Aquatics – Minors Waiver, Release and Indemnification Agreement** is a requirement by the University of Notre Dame – please read and sign.

Volunteer Sign-Up Reminder

I.A. Memorial Day Classic- May 23-25, 2008

May 23rd- Session:_____ Job:_____

May 24th- Session:_____ Job:_____

May 25th- Session:_____ Job:_____

I.A. Summer Spectacular- July 11-13, 2008

July 11th- Session:_____ Job:_____

July 12th- Session:_____ Job:_____

July 13th- Session:_____ Job:_____

Please KEEP this sheet for your reference

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Registration Information

Group: _____

Swimmer Information:

Date of Registration: _____

Swimmer Name: _____
(Last) (First) (Middle)
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Swimmer's Cell: _____
Swimmers Email: _____ T-Shirt Size: _____
Date of Birth: _____ School: _____ Grade: _____

Billing Information:

Responsible Parent: _____
Address: _____
City: _____ State: _____ Zip: _____
Mothers Name: _____ Fathers Name: _____
Mothers Work: _____ Fathers Work: _____
Mothers Cell: _____ Fathers Cell: _____
Mothers Email: _____ Fathers Email: _____

Costs:

Group	\$ _____ .00
USA Registration Fee	\$ 51.00
Team Spirit	\$ <u>15.00</u>
Hospitality Fee (2 X \$15.00)	\$ <u>30.00</u>
Discount if applicable	\$ _____ .__
Total:	\$ _____ .__
Paid: <input type="checkbox"/> Check <input type="checkbox"/> Cash <input type="checkbox"/> Other	\$ _____ .__
BALANCE DUE:	\$ _____ .__

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Terms and Conditions

Swimmer NAME: _____

Terms and Conditions for Participation in the Irish Aquatics Swim Club

1. You are committing to join the Irish Aquatics Swim Club for one full season. Should a swimmer decide to discontinue participation in the Swim Club, the unused portion of the season training dues are not refundable and any outstanding entry fees are considered an obligation to the Irish Aquatics Swim Club and are payable upon termination of participation.
2. Training dues are to be paid at registration. A minimum amount of 50% must be paid at registration with the remaining balance, if any, due on April 15th, 2008. Non-payment of training dues in full by April 15th will necessitate non-participation for the swimmer(s) until final payment is made.
3. Any checks returned to the Irish Aquatics Swim Club for Non-Sufficient funds will be subject to a \$35.00 additional handling fee.
4. USA Swimming registration fee is not refundable and must be paid prior to the swimmer entering the water.
5. When a swimmer is moved from one group to another, he/she must pay the dues for the highest group in which they participate.
6. Meet entry fees are in addition to training fees and are billed as they occur. Nonpayment of entry fees within 30 days of statement will also necessitate non-participation in any meets and practices for the swimmer(s) until payment is made. Refunds of entry fees will not be made after the entry has been sent to hosting team.
7. FAILURE TO COMPLY WITH THE TERMS OF THIS AGREEMENT WILL BE SUBJECT TO THE PENALTIES OUTLINED THEREIN. The club will host two swim meets, if not more, during the 2008 long course season. These meets are the largest fund-raising activities conducted by the swim club. As such, the proceeds from these meets lower the fees charged to ALL members of the club. As a result, it is necessary for each family to fully participate in supporting these meets. Failure to work the required (3) sessions at each meet will result in a \$50 per session fee to be assessed against your account with Irish Aquatics. Failure to pay this assessment may result in the exclusion of the swimmer from training and/or meets until such assessment is paid.
8. All swimmers, who are members of the Irish Aquatics Swim Club are required to participate at their highest level of achievement in the championship meets (including relays). This will give each swimmer the opportunity to compete with the team and for the team at our championship meets.
9. Each swimmer is required to purchase an Irish Aquatics Swim Club team suit and cap. Each swimmer is also required to wear them for all swim meets. All gear purchased should be TYR, as they are our team sponsor. The use of any other suppliers' products may not be allowed and is up to the head coach's discretion. A team t-shirt and cap will be issued as part of the TEAM spirit fee.

I understand and agree to the above terms and conditions of the Irish Aquatics Swim Club in exchange for the privilege of my child, registered with this form, to participate in the activities and swimming program of the Irish Aquatics Swim Club.

Parent Authorization and Release of Liability

I HEREBY GIVE CONSENT FOR MY CHILD TO PARTICIPATE WITH THE IRISH AQUATICS SWIM CLUB. IN CONSIDERATION OF BEING PERMITTED TO PARTICIPATE AS A MEMBER OF THE IRISH AQUATICS SWIM CLUB (HEREAFTER, "CLUB"), THE UNDERSIGNED PARENT OR GUARDIAN KNOWINGLY AND WILLINGLY AGREES TO RELEASE THE CLUB FROM ANY AND ALL RESPONSIBILITY OR LIABILITY FROM ANY CLAIM OR CAUSE OF ACTION OF ANY NATURE ARISING FROM ANY ACCIDENT OR DAMAGES, DIRECTLY OR INDIRECTLY, RELATING TO ANY ACTION OR FAILURE TO ACT BY THE CLUB OR ANY OF ITS REPRESENTATIVES. IT IS THE INTENT OF THE PARTIES THAT THE PARENT OR GUARDIAN RELEASE THE CLUB FROM ANY AND ALL LIABILITY ARISING FROM ANY ALLEGED NEGLIGENCE OF THE CLUB TO THE FULLEST EXTENT PERMITTED BY LAW. HOWEVER, THIS RELEASE SHALL NOT APPLY TO ANY CLAIMS OR CAUSES OF ACTION FOR WILLFUL OR INTENTIONAL MISCONDUCT. WHEN THE REGISTRATION CONTRACT IS SIGNED, THE PARENT OR GUARDIAN ADMITS TO THE FULL UNDERSTANDING OF THIS WAIVER AND RELEASE AND AGREES TO NO LEGAL ACTION IN CASE OF ACCIDENT OR MISHAP, AND FULLY RELEASES THE CLUB, ITS BOARD, ITS ADMINISTRATION, COACHES, VOLUNTEERS, AND ALL DULY AUTHORIZED AGENTS OF THE IRISH AQUATICS SWIM CLUB OF ANY LIABILITY OF ANY SORT BASED IN TORT (PERSONAL INJURY), CONTRACT OR OTHERWISE.

Parent/Guardian Signature: _____ Date: _____

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Medical Forms

Swimmer NAME: _____

Physician: _____ Address: _____ Phone: _____

Dentist: _____

Emergency Contact #1: _____ Relationship: _____ Phone: _____

Emergency Contact #2: _____ Relationship: _____ Phone: _____

Health Insurance Carrier: _____ Policy/Group/Claim Number: _____ Phone: _____

Rx Drug Plan Number: _____

Please indicate any allergies your child may have, any medication the child may be taking and any other facts to which a physician or dentist should be alerted _____

Please circle the correct answer:

YES	NO	Has this athlete ever required hospitalization, surgery or had an injury or serious medical illness? Explain:
YES	NO	Is this athlete now under the care of a physician? Explain:
YES	NO	Has any physician ever recommended or do you feel that there should be limits placed on this swimmer's participation in competitive sports? Explain:
YES	NO	Does this athlete wear contacts or glasses?
YES	NO	Does this athlete have any known allergies to medication? Is the athlete allergic to Latex? Explain:
YES	NO	Has this athlete ever blacked out or lost consciousness during physical activity? Explain:

Consent to Emergency Care

I understand the Irish Aquatics coaching staff will contact 911 if he or she deems it necessary. Furthermore, I understand that reasonable attempts to contact me at the listed telephone numbers will be made.

I hereby give my consent for the administration of any treatment deemed necessary by Dr. _____ (preferred physician) or Dr. _____ (preferred dentist) or in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and 2. The transfer of the child to _____ (preferred hospital) or any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery are obtained before surgery is performed

Parent/Guardian Signature: _____ Date: _____

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Explanation of Fees

Long Course Season Dues

Bronze 1	Bronze 2	Silver 1	Silver 2	Gold	Varsity	Senior
\$175.00	\$200.00	\$250.00	\$300.00	\$350.00	\$225.00	\$450.00

Half of the Summer Season dues are to be paid at registration.

Final balance payment due by April 15, 2008.

If balance is not paid in full by April 15, 2008, the swimmer will be excluded from all water workouts and meets.

USA Registration Fee = \$51.00 (valid for one year from date of registration)

Each swimmer must be registered in order to swim in practice and meets due to the insurance policy set by USA swimming.

Hospitality Fee = 2 X \$15

These two \$15 fees are accessed to purchase food and drinks for the coaches/officials/volunteer hospitality room at our two hosted summer meets. This fee is in place of having individuals bring in food and drinks.

Discounts = (Only 1 discount applies per swimmer except Season Family Cap)

New Family	New Family to Irish Aquatics, First Season	25%
Mishawaka Schools Resident	Lives Within School City boundaries	20%
Multi Family Members	First Highest Fee does not apply, but each successive Swimmer	10%
Season Family Fees Cap	No more the \$1,500 in Dues per Family	

Ways to work off Dues Fees

Sales of Meet Advertising receives one half of Advertising dollar collected off Dues

Payment Options= At registration you may pay two ways;

- Option 1- Full payment due at registration- April 1st
- Option 2- 1st payment (50%) due at registration- April 1st
2nd payment (remaining balance) due- April 15th

* Please note that other payment options are available upon request to the treasurer *