

IRISH AQUATICS
REGISTRATION CONTRACT
Spring/Summer Season 2009

Registration Checklist

Please bring this form with you to registration

- Completed Registration Contract (pg. 2)
- Read and Sign Terms & Conditions/Liability Form (pg. 3)
- Completed Medical Forms (pg. 4)
- USA Swimming Registration Form (pg. 6)
- 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 13th and ends on July 30th.

The first day of practice will be held on April 13th, 2009 for all groups at Rolf's Aquatic Center, Notre Dame. We ask that all returning members register for the Spring/Summer season before the completion of the 2008-09 Winter Season.

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, follow the summary below 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.
- **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 (More info available at Sign-Ups)

I.A. Memorial Day Classic- May 22-24, 2009	
May 22 nd -	Session:_____ Job:_____
May 23 rd -	Session:_____ Job:_____
May 24 th -	Session:_____ Job:_____

I.A. Summer Spectacular- July 10-12, 2009	
July 10 th -	Session:_____ Job:_____
July 11 th -	Session:_____ Job:_____
July 12 th -	Session:_____ Job:_____

Please KEEP this sheet for your reference

[Type text]

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Registration Information

Group: _____
(leave empty if this is your first season with IA)

Swimmer Information:

Date of Registration: _____

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

Billing Information:

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

Costs:

Group	\$ _____.00
Team Spirit- New Members Only	\$ <u>15.00</u>
<ul style="list-style-type: none"> • Fee waived for Winter 08/09 members (Fee is for purchase of required team t-shirt and team cap) 	
Discount if applicable	\$ _____.____
Hospitality Fee (2 X \$15.00)	\$ <u>30.00</u>
<ul style="list-style-type: none"> • Fee is for purchase of food and beverage for 2 hosted meets 	
Total:	\$ _____.____
Paid: __Check __Cash __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 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. Dues are to be paid at early registration. A minimum amount of 50% must be paid at registration with the remaining balance, if any, due on April 13th, 2009. Non-payment of dues in full by April 13th 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 seasonal dues and are billed as they occur. Non-payment 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 2009 Spring/Summer 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. Each swimmer is also required to wear team apparel for all swim meets. All gear should be purchased from 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: _____

IRISH AQUATICS
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Explanation of Fees

Spring/Summer 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

Fees work out to the following per week: (for informational purposes only)

\$10.94/wk	\$12.50/wk	\$15.63/wk	\$18.75/wk	\$21.88/wk	\$14.07/wk	\$28.13/wk
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Payment Options are listed below.

Please contact the team treasurer if you have questions about payment options or to make special arrangements.

If balance is not paid in full by May 15th the swimmer will be excluded from all workouts and meets.

Payment Options= At registration you may pay two ways or make arrangements with the club treasurer;

Option 1- Full payment

Option 2- 1st payment (50%) due at registration- April 13th
2nd payment (remaining balance) due- May 15th

* Please note that other payment options are available upon request to the club treasurer Beanie Beach. Please contact her at the following email address: (beanix4@comcast.net) *

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 Swim for FREE!

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

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.

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USA Swimming Registration

PLEASE FILL THIS FORM OUT COMPLETELY AND RETURN WITH REGISTRATION MATERIALS

This form provides your swimmer with insurance in the unlikely event of an injury at any team practice, meet, or function. If you have questions about the insurance policy provided to us through USA Swimming please contact our Club President, Cindy Diamond.



USA SWIMMING

2009 ATHLETE REGISTRATION APPLICATION

LSC: IN (membership valid 9.1.08 – 12.31.09)

REG. DATE / OFFICE USE ONLY

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PLEASE PRINT LEGIBLY • COMPLETE ALL INFORMATION:

LAST NAME		LEGAL FIRST NAME				MIDDLE NAME	
PREFERRED NAME		DATE OF BIRTH (MO./DAY/YR.)		SEX (M/F)	AGE	CLUB CODE	NAME OF CLUB YOU REPRESENT
						I A	Irish Aquatics Swim Club
FATHER'S LAST NAME		FATHER'S FIRST NAME		MOTHER'S LAST NAME		MOTHER'S FIRST NAME	
MAILING ADDRESS							
CITY				STATE	ZIP CODE		
AREA CODE		TELEPHONE NO.					

- DISABILITY:**
- A. Legally Blind or Visually Impaired
 - B. Deaf or Hard of Hearing
 - C. Physical Disability such as amputation, cerebral palsy, dwarfism, spinal injury, mobility impairment
 - D. Cognitive Disability such as mental retardation, severe learning disorder, autism

- RACE AND ETHNICITY** (You may make up to two choices if appropriate):
- Q. Black or African American
 - R. Asian
 - S. White
 - T. Hispanic or Latino
 - U. American Indian & Alaska Native
 - V. Some Other Race
 - W. Native Hawaiian & Other Pacific Islander

MAKE CHECK PAYABLE TO:

YOUR CLUB who will then send in 1 check to Indiana Swimming. Only if you are UNATTACHED, should you make check payable to Indiana Swimming

MAIL APPLICATION & PAYMENT TO:

*YOUR CLUB. If UNATTACHED, send to: Indiana Swimming
201 S. Capitol Ave Suite 410
Indianapolis IN 46225*

- U.S. CITIZEN? YES NO
- ARE YOU A MEMBER OF ANOTHER FINA FEDERATION? YES NO
- IF YES, WHICH FEDERATION: _____

REGISTRATION FEE	
USA Swimming Fee	\$45.00
IN Fee	7.00
TOTAL DUE	\$52.00

YEAR LAST REGISTERED _____. IF YOU REGISTERED WITH A DIFFERENT USA SWIMMING CLUB IN 2008, ENTER THAT CLUB CODE _____ LSC CODE _____ AND THE DATE OF YOUR LAST COMPETITION REPRESENTING THAT CLUB ____/____/____.

USA Swimming occasionally makes its membership list available to marketing partners. Please notify USA Swimming's Member Dept. at 719/866-4578 if you do not wish to receive these mailings.

SIGN HERE x _____
SIGNATURE OF ATHLETE, PARENT OR GUARDIAN

CHECK IF YOU WOULD LIKE TO LEARN MORE ABOUT USA SWIMMING'S COMMUNITY INITIATIVES.