

# HIGH POINT SWIM CLUB

## 2009-2010 REGISTRATION INFORMATION

Welcome to the 2009-2010 Swimming season. HPSC must charge for its services in order to offer the quality programs swim families expect. We do our best to keep dues and other fees as low as possible. HPSC's swim year runs from September 1 to July 31 (11 months). Dues are based on the group allocation of your swimmer. Billing begins on September 1. HPSC coaches will assign your swimmer to a group, and may recommend group changes during the year.

### **Registration Fees**

Swimmers must register with USA Swimming, North Carolina Swimming and with HPSC to join the team. ***No swimmer will be permitted to practice or participate in competition following the two week trial period until your registration materials (including fees) have been received. Returning HPSC members must be current with dues and escrow accounts.***

### **BRING A FRIEND PROGRAM**

Each member is encouraged to recruit one or more new members each year. You will be asked to fill out a referral form to give to your coach on each member you are recruiting. If the new member remains with the team for at least six (6) months and is paid in full, you will receive a \$250 credit towards your remaining balance. YES! THAT IS \$250.00!

### **The current groups and monthly rates**

#### 11-Younger

- ❖ Red- \$87 per month, attendance goal is 2-3 times per week
- ❖ White - \$107 per month, attendance goal is 3-4 times per week

#### 12- Older

- ❖ Silver- \$127 per month, attendance goal is no more than 3 times per week
- ❖ Gold- \$151 per month, attendance goal is 4 – 6 times per week

Each additional sibling will receive a 10% discount on their monthly dues. This discount will be applied to the lowest group.

### **FINANCIAL ASSISTANCE**

The financial aid program supports the commitment of High Point Swim Club and its Board of Directors to maintain a team with a wide range of experiences, talents, interests, and backgrounds. The fundamental goal of the program is to enable qualified athletes to participate, for financial aid, could not afford to do so. Financial aid is awarded on the basis of economic need, as determined by the formula used by the Financial Aid Committee.

Athletes receiving aid are eligible for all of the opportunities and services available to the team. A participating athlete receiving financial aid is held to the same standards of behavior and performance as an athlete whose parents pay the full cost. Athletes at any group level may be considered for financial aid.

High Point Swim Club does not discriminate in the administration of its financial aid and membership policies on the basis of race, color, religion, national origin, sex, or age in violation of existing state or federal regulations. All aid is need based and not by athletic ability.

# HIGH POINT SWIM CLUB 2009-2010 FINACIAL AGREEMENT

The undersigned parent/guardian and the High Point Swim Club (HPSC) agree as follows:

1. **Dues**

- (a) In consideration of the participation of the swimmer(s) in HPSC's competitive swim program, the Parent agrees to pay the dues for the Swimmer's practice level that are set forth on the attached Dues Schedule. Payment shall be made on an eleven-month basis. Monthly payment of dues shall be due and payable on the first day of each month, September - July. Dues may be prepaid at any time, however there is no discount for pre-payment.
- (b) I understand that I am responsible for \$\_\_\_\_\_ per month based on my child's or children's group placement.
- (c) Please make checks payable to HPSC and mail to PO Box 5815, High Point, NC 27262. Automatic draft or Pay Pal through our website is also available.
- (d) If the Swimmer is transferred to a different practice group by the coaching staff, the difference in dues for the two practice levels shall be prorated for the remainder of that month if applicable. The staff will follow up group advancement with a new financial agreement.
- (e) If the Swimmer quits the swim program or is unable to continue participation in the program swimmer is obligated to pay the dues installment for the month in which the Swimmer withdraws from the program.
- (f) If the monthly dues payment is not received in full by the 15<sup>th</sup> of the month, a late fee of \$15 per month will be assessed to the family's dues account.

2. **Suspension.**

- (a) If the monthly dues payment is not received in full by the last day of the month, a notice of delinquency will be mailed. If Parent shall fail to pay any delinquent dues or assessment, including late fees, within 14 days from the date of written notice of delinquency, the Swimmer shall be suspended from further participation in all HPSC activities, including, but not limited to, practices and meets.
- (b) If Parent becomes delinquent in payment of dues or assessments because of financial hardship, he/she may apply to the Financial Aid Committee for a waiver of late fees and suspension. A waiver may be granted by HPSC if satisfactory arrangements are made for payment of the delinquent amounts.

3. **Escrow.**

- (a) Parent will make payments to the Swimmer's escrow account as required by HPSC from time to time. Parent shall pay the required amount within 30 days from the date of the notice from HPSC.
- (b) If Parent shall fail to make a required escrow payment within 30 days from the date of the notice from HPSC, Swimmer shall not be entered thereafter in any meets until the required amount is paid in full.

4. **Group Assignments.** The assignment of the Swimmer(s) to a practice team shall be the decision of the coaching staff. An assignment may be modified during the swim year if the coaching staff believes a different practice group would be more appropriate for the Swimmer.

5. **Release of Liability.** Parent hereby releases HPSC, its employees, officers, directors and volunteers and any facility used by HPSC from any liability arising out of any injury to the Swimmer(s) which may occur while the Swimmer(s) is/are participating in the HPSC swim program, including, but not limited to, practices, meets, travel trips, and other team activities, or while the Swimmer(s) is/are using facilities owned, leased or used by HPSC.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

Office Use: Group Placement \_\_\_\_\_ Family Copy \_\_\_\_\_ Club Copy \_\_\_\_\_

# HIGH POINT SWIM CLUB

## 2009-2010 REGISTRATION INFORMATION

**\*NEW SWIMMERS TO HPSC MUST ATTACH A COPY OF YOUR BIRTH CERTIFICATE AND RETURN WITH REGISTRATION PAYMENT OF \$100.00**

FAMILY NAME:

\_\_\_\_\_  
Last Mother Father  
ADDRESS: \_\_\_\_\_  
Street

\_\_\_\_\_  
City State Zip E-mail Address

PHONE: \_\_\_\_\_  
Home Father's Work Mother's Work Cell Phone

### SWIMMER #1

NAME \_\_\_\_\_  
Last First Middle

NICKNAME: \_\_\_\_\_

BIRTHDAY \_\_\_\_/\_\_\_\_/\_\_\_\_ AGE: \_\_\_\_\_ Returning \_\_\_\_\_ New \_\_\_\_\_  
(please check one)

SWIMMER'S SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_

Swimmer #1 Group Assignment: \_\_\_\_\_ (for office use only)

### SWIMMER #2

NAME \_\_\_\_\_  
Last First Middle

NICKNAME: \_\_\_\_\_

BIRTHDAY \_\_\_\_/\_\_\_\_/\_\_\_\_ AGE: \_\_\_\_\_ Returning \_\_\_\_\_ New \_\_\_\_\_  
(please check one)

SWIMMER'S SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_

Swimmer #2 Group Assignment: \_\_\_\_\_ (for office use only)

### SWIMMER #3

NAME \_\_\_\_\_  
Last First Middle

NICKNAME: \_\_\_\_\_

BIRTHDAY \_\_\_\_/\_\_\_\_/\_\_\_\_ AGE: \_\_\_\_\_ Returning \_\_\_\_\_ New \_\_\_\_\_  
(please check one)

SWIMMER'S SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_

Swimmer #3 Group Assignment: \_\_\_\_\_ (for office use only)

# MEDICAL INFORMATION & EMERGENCY RELEASE

(ONE PER SWIMMER)

Swimmer's Name \_\_\_\_\_

Parents' Names: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Parent's Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

1. In the space provided below, list any pertinent health or medical information and instructions or special problems (allergies, tetanus booster dates, drug allergies, asthma, prescriptions, etc.)

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

2. Aside from yourselves, (the parents of the Swimmer), please indicate (in order), those individuals that you would like the coaches to contact should there be an emergency involving your child:

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

3. Swimmer's Doctor: \_\_\_\_\_ Phone \_\_\_\_\_

4. Swimmer's Dentist: \_\_\_\_\_ Phone \_\_\_\_\_

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I (we) hereby give our permission for \_\_\_\_\_ to participate in practice and travel with the High Point Swim Club to local and out-of-town meets throughout the current swim season. Although I expect all reasonable safety procedures to be followed, I will not hold the coaches of HPSC nor any chaperone or volunteer working with or traveling with the group personally liable for any accident which may occur.

In case of a minor emergency (cuts, scratches, headache, etc.), I (we) give permission to the coaches or chaperones to treat these as they deem necessary. In the event of a more serious emergency, I give permission for it to be handled in the best manner as determined by the chaperones or coaches of HPSC until I am able to be contacted.

### TO THE ATTENDING PHYSICIAN OR HOSPITAL:

Permission is hereby granted for you at the discretion of the coaches or chaperons of HPSC to perform whatever care is necessary for the welfare of my child until such time as you are able to reach me personally.

### INSURANCE INFORMATION (must be complete)

Subscriber's Name (parent): \_\_\_\_\_

Insurance Company: \_\_\_\_\_

ID # \_\_\_\_\_

Group # \_\_\_\_\_

Insurance Coverage (i.e. medical, dental): \_\_\_\_\_

Insurance authorization phone number: \_\_\_\_\_

Preferred local hospital: \_\_\_\_\_

_____	_____
Parent or Guardian Signature	Date