

**Twin Hickory Aquatics Team, Inc.**  
**2010 Family Registration Form – Page 1**

Please complete pages 1, 2 and 4 of this form for your family and page 3, the individual health information form, for **each child**. The registration fee is **\$110** for the first child and **\$90** for each additional child if registered on **March 21 or March 22, 2010. Fees increase to \$120/\$100 after March 22, 2010.**

PLEASE PRINT CLEARLY

Swimmer's Name Last, First, MI	Preferred Name	Sex	Date of Birth	Age As of 6/1/10	Fee Paid
1.					
2.					
3.					
4.					
5.					

<b>Swimmer's Address</b>	Street address:		
	Neighborhood:		
Mother's Name		Mother's Email	
Mother's Phone #	(H)	(W)	(Other)
Father's Name		Father's Email	
Father's Phone #	(H)	(W)	(Other)

Emergency Contact Information			
Person to contact if parent(s) cannot be reached		Relationship to Child/Family	
Phone #	(H)	(Other)	
Doctor's Name		Phone #	

**Emergency Release:**

In the event of an emergency, the coach or Parent Representative of the Twin Hickory Aquatics Team, Inc. has my permission to seek medical attention for the above named child(ren).

**Health Insurance Information:**

Company:	
Policy Number:	
Preferred Hospital:	

*In the event of a life-threatening emergency, your child will be taken to the nearest available hospital.*

Signed Up for <b>five (5)</b> required volunteer shifts	Initials of Volunteer Coordinator:	
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Parent/Guardian SIGNATURE: \_\_\_\_\_

Parent/Guardian Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Twin Hickory Aquatics Team, Inc.**  
**2010 Family Registration Form – Page 2**

**REFUND POLICY**

All refund requests must be made in writing, signed by the parent, and hand delivered to swim team President or Vice-President before the refund deadline. A refund of 75% of the registration fee will be given if a request is received by **5:00 p.m. on June 1, 2010. After June 1, 2010 at 5:00 p.m., NO REFUNDS WILL BE ISSUED.**

Initial \_\_\_\_\_

**TRANSPORTATION**

The Twin Hickory Aquatics Team, Inc. is not responsible for transporting swimmers to and from swim meets and swim practices. I understand that as a swim team parent, I am responsible to ensure my child travels safely to and from practice and to and from swim meets. If my child travels with another family or adult, the Twin Hickory Aquatics Team, Inc. is not responsible for any accident or injury. I understand that I am responsible for any children traveling with me to and from meets/practices.

Initial \_\_\_\_\_

**VOLUNTEER REQUIREMENTS**

I understand that parental participation is key to the success of the Twin Hickory Aquatics Team. I agree to sign up and fulfill my five required volunteer shifts. I also understand that it is my responsibility to find a substitute if I am unable to fulfill one of my assigned volunteer shifts. I also agree to read the Twin Hickory Aquatics Team, Inc. Parent Handbook when it is posted on the T.H.A.T. website in March 2010.

Initial \_\_\_\_\_

**SUPERVISION**

I understand that swim meets are not drop off sites for my children. I agree to attend all swim meets with my child(ren) and I agree to supervise my children at all swim meets at all times. If I am working a shift, I agree to have a designated adult or spouse responsible for supervising my child(ren).

Initial \_\_\_\_\_

**TEAM DIRECTORY**

I give my permission for parent and swimmer names, addresses, telephone numbers and e-mail addresses to be published in the team directory, with the understanding that the primary function of the directory is to allow families to contact one another to exchange team information and/or to seek volunteer assignment substitutes. I also understand and agree that the directory is not to be used in any manner as a solicitation or mailing list by any person or any business for any purpose other than to conduct swim team business.

Initials \_\_\_\_\_

**HOLD HARMLESS AGREEMENT**

I, \_\_\_\_\_, agree to indemnify and hold harmless the Twin Hickory Aquatics Team, Inc., its Board of Directors, Officers, Agents, Coaches, Volunteers and other associated persons from any and all liability stemming from and arising from this amenity, youth swimming. I also recognize that the sport of swimming does contain risks and I am fully aware of those risks. I agree that I will be responsible for any property damage done to the Twin Hickory Pool Complex area including the parking lots as well as any damage done to other facilities we visit within the GRAL organization that is committed by my child(ren) or guest. I agree that I will be responsible for any and all insult or injury that my child(ren) or guest may commit to other team members, their families, and guests as well as other persons associated with visiting teams. If I, a member of my family or my guests commits any damage, injury or insult, I hereby accept and am responsible for restitution and agree to pay any financial requirements. I agree to communicate any concerns/problems with the coaching staff and Swim Team President if needed.

Parent/Guardian SIGNATURE: \_\_\_\_\_

Parent/Guardian Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Twin Hickory Aquatics Team**  
**2010 Individual Registration Form – Page 3**  
(Complete one sheet per **swimmer**)

**Child's Name** \_\_\_\_\_ **Parent's Name** \_\_\_\_\_

1. Does your child have any prior swim team experience other than the Torpedoes?      Yes                      No
  2. Did your child swim competitively during the winter of 2009-2010?                      Yes                      No
  3. Did your child swim for another team during the summer of 2009?                      Yes                      No
- If yes to questions 2 or 3, please provide your child's best times prior to June 1<sup>st</sup>, 2010. If we do not report best times to GRAL, we can be assessed a \$50 fine per swimmer.

**Photography Release**

If the opportunity arises, may we publish your child's picture in local news media or on the web site?  
\_\_\_\_ Yes, you have my permission to publish my child's picture in local news media and/or on the team's web site.  
Initials \_\_\_\_\_  
\_\_\_\_ No, do not publish my child's picture. Initials \_\_\_\_\_

**Practice Times**

Morning and evening practice times are available. Evening practices are offered for those parents who work or whose children have scheduling conflicts.  
I would prefer that this child practice in the \_\_\_\_\_ morning \_\_\_\_\_ evening.

**HEALTH INFORMATION**

Does your child have any allergies? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, what type? \_\_\_\_\_  
\_\_\_\_\_

Does your child carry an inhaler? \_\_\_\_\_  
Does your child carry an Epi-Pen? \_\_\_\_\_  
Does your child have any medical conditions that the Twin Hickory Aquatics Team, Inc. should know about?  
\_\_\_\_\_  
\_\_\_\_\_

The Twin Hickory Aquatics Team, Inc. reserves the right to remove a swimmer from practice or a swim meet if a medical condition arises that impacts participation on the swim team.  
Initial \_\_\_\_\_

I hereby state that my child, \_\_\_\_\_, is physically fit to participate on the swim team and that my he/she has no medical conditions that I know of that would cause harm if he/she participates on the swim team. If any such condition arises between now and the end of swim season, I will promptly notify the coaches and Parent Representative so that appropriate precautionary measures can be taken.

Parent/Guardian SIGNATURE: \_\_\_\_\_

Parent/Guardian Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

