

SOUTH SHORE SAILS MASTERS SWIMMING

SOUTH SHORE SAILS MASTERS SWIMMING REGISTRATION AGREEMENT

1. Please fill out and return the following:

- 1) Registration Information Page
- 2) Account Application for Swim Team Authorization Agreement for Automatic Deposit/Debit
- 3) Release of Liability Page w/ signature (one per swimmer)
- 4) Medical Information and Emergency Release Page w/ signature (one per swimmer)

Please **COMPLETLEY** fill out all forms and return to **Michelle Johnson** at The Fitness Center.

Welcome to the South Shore Sails Masters Swimming.

Coach:

Daniel Potts
sssmastersswim@gmail.com

Masters Schedule		
Days	AM	PM
Monday	5:15-6:30 AM	7:15-8:30PM
Tuesday		
Wednesday	5:15-6:30 AM	7:15-8:30PM
Thursday		
Friday	5:15-6:30 AM	

Facebook Group: south shore sails masters

SOUTH SHORE SAILS MASTERS SWIMMING

I. REGISTRATION INFORMATION

Fitness Center Member Charge Fees to Account Member #:_____ (For Office Use)

SWIMMER NAME: _____
 Last First Middle

Date of Birth: _____

ADDRESS: _____
 Street

City State Zip E-mail Address

PHONE: _____/_____/_____
 Home Phone Work Phone Cell Phone Emergency

Masters Member Masters Non-Member

Authorization Agreement for Automatic Deposit/Debit

I (we) _____ hereby authorize The Fitness Center, hereinafter called Company, to initiate credit/debit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) Checking ___ Savings ___ Visa ___ MasterCard ___ Discover ___ Account (select one) indicated below and the depository name below, hereinafter called Depository, to credit and/or debit the same to such account.

If using a checking or savings account, we must have an actual VOIDED check.

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Bank Name

--

Account #

--

Routing #

If using a debit/credit card, check card type below.

VISA

MasterCard

Discover

--

Credit/Debit Card #

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Expiration Date

This authority is to remain in full force and effect until Company has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Company and Depository a reasonable opportunity to act on it.

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Name(s) PLEASE PRINT

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Signed

Date

(Note: Billing address MUST match address on file with checking/savings/credit/debit account.)

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BILLING Address

City

State

Zip

I (we) _____, agree for the debit above to be for swim team monthly dues. I (we) understand that if my swimmer(s) level changes, my automatic draft amount will change to that level's dues amount. I understand that it is my responsibility to keep track of all swim dues amount(s).

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Signed

Date

If you would like for your swim meet fees to automatically be charged to your account/the above debit information, please check the box below.

Yes, please charge all swim meet fees to the account listed above.

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Signed

Date

I (we) hereby authorize The Fitness Center, hereinafter called Company to charge all swim meet fees to the account listed above, until I (we) terminate, in writing this request. I (we) understand that I (we) will not be contacted each time these charges take effect, and it is my (our) responsibility to know what each individual swim meet fee will be.

II. AGREEMENT

The undersigned and the South Shore Sails Masters Swimming (SSSM) agree as follows:

1. **Club Membership:** Swimmers are invited to become a member of THE FITNESS CENTER AT SOUTH SHORE HARBOUR (TFC). Fees are determined by TFC. Discounted swim team fees do apply to TFC members. All Master Swimmers must be 18 yrs old or older and must be registered with United States Masters Swimming (USMS).

2. **Dues.**
 - (a) In consideration of the participation of the swimmer(s) in SSSM's swim program, the Swimmer agrees to pay the dues set forth under **Practice Fees**. Payment shall be made on a monthly basis. Monthly payment of dues shall be due and payable on the first day of each month. Dues may be prepaid at any time. All Fitness Center Members must have an auto-draft account set up at Fitness Center. This will help to ensure that there is a record of all payments. **All payments shall be made to THE FITNESS CENTER AT SOUTH SHORE HARBOUR.**
 - (b) If the Swimmer quits the swim program or is unable to continue participation in the program, the swimmer is obligated to pay the dues installment for the **month** in which the Swimmer withdraws from the program.
 - (c) A **30-day written notice** must be sent to the head coach and Swim Team Administrator.
 - (d) If a Swimmer quits and returns back to the program a \$29 administrative fee will be assess **to re-activate**.
 - (e) If the monthly dues payment is not received in full by the 15th of the month, a late fee of **\$10 per month** will be assessed to the swimmer's account.

4. **Practice Group Fees.**
 - (a) Master Member: \$ 50
 - (b) Master Non-Member: \$ 60

5. **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 sent. If Swimmer 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 SSSM activities, including, but not limited to, practices and meets.
 - (b) If Swimmer becomes delinquent in payment of dues or assessments because of financial hardship, he/she may apply to the Head Coach for a waiver of late fees and suspension. A waiver may be granted by SSSM if satisfactory arrangements are made for payment of the delinquent amounts.

6. **Swimmer Code of Conduct.**

PURPOSE

The purpose of this code is to promote the best possible individual, team, and program at all times. You are representing the South Shore Sails Masters Swimming, Gulf Masters Swimming and United States Masters Swimming at all times.

PART I – GENERAL CODE OF CONDUCT RULES

 1. All participating team members will abide by this code of conduct.
 2. All participants will wear designated team suits and T-shirts during all competition.
 3. All athletes will participate in all designated championship as a member of the South Shore Sails Masters Swimming.
 4. The underage use of alcoholic beverages is unacceptable at any time.
 5. Use of drugs other than those prescribed by your physician is unacceptable at any time during the year.
 6. Smoking is unacceptable at any time during the year.

7. Disrespectful, indiscreet or destructive behavior will not be tolerated. It is the responsibility of each swimmer to make every effort to avoid guilt by association with such activities at any time during the year.
8. All participants and their parents have a responsibility to do their best to ensure that this Code of Conduct is adhered to and to help ensure the safety of these Program participants.

PART II- VIOLATION OF THE CODE OF CONDUCT RULES

At the discretion of the Head Coach any one or all of the following penalties will be applied:

1. Swimmer may be scratched from the meet.
2. Swimmer may be sent home immediately from practice or meet at his own expense and if there is extra expense it will be swimmer's responsibility.
3. Swimmer may be suspended from the team until the swimmer has had a conference with the Head Coach and appropriate disciplinary actions have been implemented. This is automatic with violations of General Conduct rules 5, 6, 7 and (or) 8.
4. Violation of General Conduct Code Rules 4,5,6,and7 on team trips will result in the swimmer being suspended from ALL team trips for the remainder of the swim year and/or a specific period determined by the Head Coach.

Should I conduct myself in such a way that brings discredit or discord to the THE FITNESS CENTER AT SOUTH SHORE HARBOUR, the South Shore Sails Masters Swimming, Gulf Masters Swimming or United States Masters Swimming, I voluntarily subject myself to disciplinary action. SSSM and TFC maintain the right to terminate any membership with/without cause in the interest of our vision, mission and objectives.

By signing below I agree to adhere to the rules and regulations of THE FITNESS CENER AT SOUTH SHORE HARBOUR, and understand and will abide by all terms in the agreement, including the code of conduct for swimmer.

Swimmer Signature

Date

RELEASE OF LIABILITY - (ONE SIGNATURE PER SWIMMER)

In consideration of being allowed to participate in any way in THE FITNESS CENTER AT SOUTH SHORE HARBOUR'S program, related events and activities, the undersigned acknowledges, appreciates and agrees that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the releasee or others, and assume full responsibility for my participation; and ,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release and hold harmless THE FITNESS CENTER AT SOUTH SHORE HARBOUR, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event (*Releasees*), with respect to any and all injury, disability, death, or loss or damage to person or property, whether arising from the negligence of the releasee or otherwise, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OR RISK AGREEMENT. I FULLY UNDERSTAND IT'S TERMS AND UNDERSTAND THAT IF HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCMENT.

<hr/> <p>Swimmer Signature</p>	<hr/> <p>Date</p>
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MEDICAL INFORMATION & EMERGENCY RELEASE - (ONE PER SWIMMER)

Swimmer's Name _____

Home Phone: _____ Cell Phone: _____ Emergency #: _____

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 (in order), those individuals that you would like the coaches to contact should there be an emergency.

1. Name: _____ Relationship: _____

Home #: _____ Work #: _____ Cell #: _____

2. Name: _____ Relationship: _____

Home #: _____ Work #: _____ Cell #: _____

TO THE ATTENDING PHYSICIAN OR HOSPITAL:

Permission is hereby granted for you at the discretion of the coaches or chaperons of SSSM to perform whatever care is necessary for the welfare of my myself 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: _____

_____	_____
Swimmer's Signature	Date