

Sharks Aquatic Club  
 PO Box 2201  
 Shelby, NC 28151

Office Use: _____, _____, _____
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**SAC Registration Form & Contract**  
 9/1/2008-8/31/2009

Check one:  Renewal     New (must include copy of birth certificate)

	<b>Swimmers Info</b>	<b>Birth Date</b>
<b>Full Name</b>		
<b>Practice Group</b>	Hammerhead _____ Tigershark _____ Mako _____ Varsity _____ Senior _____	
<b>Practice Site</b>	Kings Mountain / Shelby	
<b>School / Grade</b>		
<b>Health Concern</b>		
<b>T-Shirt Size</b>	YS / YM / YL / AS / AM / AL / AXL	
<b>Swimmer's Email</b>		

<b>Parents Info</b>	<b>Name</b>	<b>Email (main form of communication)</b>	
<b>Mother</b>			<b>Cell Phone</b>
<b>Father</b>			<b>Cell Phone</b>
<b>Home Address</b>			<b>Home Phone</b>
<b>SAC Volunteer (choose at least one box)</b>	<input type="checkbox"/> Timer <input type="checkbox"/> Hospitality <input type="checkbox"/> Serve on Board <input type="checkbox"/> Officiating <input type="checkbox"/> Set Up/Clean Up at Meets <input type="checkbox"/> Fundraising		

	<b>Name / Phone</b>	<b>Name / Phone</b>
<b>Emergency Contacts</b>		

**Club Dues**

	Hammerheads	Tigersharks	Makos / Varsity	Seniors
Monthly Plan	\$45	\$55	\$60	\$70
Yearly Plan (-10%)	\$486	\$594	\$648	\$756

<input type="checkbox"/> <b>Registration Fee</b> (USA Swimming Registration/Annual Insurance)	\$ _____
<input type="checkbox"/> <b>Child discount</b> (2 <sup>nd</sup> Child \$10/month, 3 <sup>rd</sup> Child \$20/month)	\$ _____
<input type="checkbox"/> <b>Meet Fee Escrow Deposit</b> (minimum balance of \$50/family must be maintained)	\$ _____
<input type="checkbox"/> <b>Past Dues Owed</b> (past dues/escrow must be paid up through August 2008)	\$ _____
<b>Minimum Due (registration, 1 month's dues, escrow, all other fees)</b>	\$ _____
<b>Optional \$10 donation to help sponsor a Sharks swimmer</b>	\$ _____
<b>Paid</b>	\$ _____

Continued on back,

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**Registration Fees**

Swimmers must register with North Carolina Swimming, USA Swimming, and with Sharks Aquatic Club to join the team. No swimmer is permitted in the water until your registration form and fees have been received. The Registration Fee covers insurance and the annual registration to NC Swimming and USA Swimming.

**Swim Team Dues**

SAC's swim year runs from September 1 to August 31 (12 months). Billing begins on September 1. In the event that the swimmer wishes to cancel this contract during the contract period, the head coach, David Messenger and treasurer, Lori Wilson, must be notified in writing, giving at least a 30 day notice. In this event, I understand that dues will be assessed through the month in which the 30 day notice expires. There will be no prorating of dues for partial months.

\*Parent's Initial \_\_\_\_\_

**Meet Fees**

Regarding meet fees, swimmers must maintain a minimum Meet Fee Escrow balance of \$50/family. Meet sign up sheets are available which will help in estimating fees for each season. I understand that I will be billed when the balance falls below \$50. In accordance with SAC Bylaws, I understand that a swimmer will not be allowed to practice or swim in a meet if billed dues or meet fees are past 30 days due.

\*Parent's Initial \_\_\_\_\_

**Fundraiser Fee**

I understand that there is a fundraiser fee of \$100 charged to each family per season. If a swimmer joins the team after February, the fee will be \$50. The fundraiser fee can be paid at anytime or can be raised through SAC Fundraiser events such as, Boston butt sales, meet sponsorships, and the Shark-a-thon.

\*Parent's Initial \_\_\_\_\_

**Waiver Statement**

I hereby agree to be fully liable for and hereby agree to waive and release Sharks Aquatic Club, it's Board of Directors, officers, employees, agents and members from any and all injuries, costs, damages, causes of action, claims, direct or indirect, and any consequential and incidental damages arising out of or resulting from any injury, death, or damage to property which I or my dependent child or children may sustain as a result of or arising out of participation on the Team or as a result of or arising out of the use of the Facilities.

I hereby agree to waive any and all claims that I may have, either directly or indirectly, against Sharks Aquatic Club, its Board of Directors, officers, employees, agents and members as result of any and all injuries or loss to my dependant or damage to property of my dependant in relation to his or her participation on the Team or arising out of the use of the Facilities.

I hereby give permission for the Sharks Aquatics Club Staff to give and/or seek appropriate medical attention to the participant in the event of an accident, injury, or illness.

Participant's Name: \_\_\_\_\_

Parent or Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**Registration and Contract Form will be accepted when accompanied by the Minimum Required Payment and Birth Certificate (if necessary).**