

Sharks Aquatic Club
 PO Box 2201
 Shelby, NC 28151

Office Use: _____, _____, _____

SAC Registration Form & Contract
 9/1/2009-8/31/2010

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

	Swimmers Info	Birth Date
Full Name (as shown on birth certificate)		
Practice Group	Hammerhead _____ Tigershark _____ Mako _____ Varsity _____ Senior _____	
Practice Site	Kings Mountain / Shelby	
School / Grade		
Health Concern		
T-Shirt Size	YS / YM / YL / AS / AM / AL / AXL	
Swimmer's Email		

Parents Info	Name	Email (main form of communication)	
Father			Cell Phone
Mother			Cell Phone
Home Address			Home Phone
SAC Volunteer (choose at least one box)	<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		

	Name / Phone	Name / Phone
Emergency Contacts		

Club Dues

	Hammerheads	Tigersharks	Mako 1	Mako 2/ Pre-Senior	Seniors
Monthly Plan	\$50	\$60	\$65	\$70	\$75

- Registration Fee** (USA Swimming Registration/Annual Insurance) \$ 75
 - Child discount** (2nd Child \$10/month, 3rd Child \$20/month) \$(_____)
 - Meet Fee Escrow Deposit** (minimum balance of \$50, billed 2nd month) \$ _____
 - Past Dues Owed** (past dues/escrow must be paid up through August 2009) \$ _____
 - Minimum Due (registration, 1 month's dues, all other fees)** \$ _____
 - Optional \$10 donation to help sponsor a Sharks swimmer** \$ _____
- Paid** \$ _____

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).