



**HEAL SWIM CLUB  
REGISTRATION AGREEMENT**

**I. REGISTRATION INFORMATION**

**MOTHER'S NAME:** \_\_\_\_\_  
Last First

ADDRESS: \_\_\_\_\_  
Street

\_\_\_\_\_ City State Zip

EMAIL ADDRESS FOR TEAM CORRESPONDENCE \_\_\_\_\_

PHONE: \_\_\_\_\_  
(10-Digit#) Home Office Cell

**FATHER'S NAME:** \_\_\_\_\_  
Last Mother Father

ADDRESS: \_\_\_\_\_  
Street

\_\_\_\_\_ City State Zip

EMAIL ADDRESS FOR TEAM CORRESPONDENCE \_\_\_\_\_

PHONE: \_\_\_\_\_  
(10-Digit#) Home Office Cell

**SWIMMER #1**

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

PREFERRED NAME: \_\_\_\_\_

BIRTHDAY \_\_\_\_/\_\_\_\_/\_\_\_\_ AGE: \_\_\_\_\_

SWIMMER'S EMAIL ADDRESS: \_\_\_\_\_

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

USA SWIMMING REGISTRATION # \_\_\_\_\_ FORMER TEAM \_\_\_\_\_

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

**SWIMMER #2**NAME \_\_\_\_\_  
Last First Middle

PREFERRED NAME: \_\_\_\_\_

BIRTHDAY \_\_\_\_/\_\_\_\_/\_\_\_\_ AGE: \_\_\_\_\_

SWIMMER'S EMAIL ADDRESS: \_\_\_\_\_

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

USA SWIMMING REGISTRATION # \_\_\_\_\_ FORMER TEAM \_\_\_\_\_

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

**II. DUES SCHEDULE**

Annual dues for HEAL are \$2300.00 per swimmer for the 2024 – 2025 swim season. We will also offer a \$3400.00 sibling rate as well, with an additional \$900 per additional sibling. **NOTE:** Parents will be responsible for **ALL** meet entry fees for the 2024-2025 season. The swim season will begin in September 2024 and run through May 2025. A deposit of \$300 to secure your spot on the team is due no later than August 28, 2023. Refunds are not offered once payments have been received unless programs are terminated by **HEAL**, swimmers do not meet the minimum eligibility standards after the first weeks of practice assessments, or if programs become FULL prior to acceptance. Two additional dues payments of \$1000 each are due on October 21<sup>st</sup> and December 16<sup>th</sup>.

**III. AGREEMENT**

The undersigned parent and the HEAL Swim Club (HEAL) agree as follows:

**1. Dues**

- (a) In consideration of the participation of the swimmer(s) in HEAL's competitive swim program, the Parent agrees to pay the dues set forth on the above Dues Schedule. A non-refundable deposit of \$300 is due no later than August 30, 2024 to secure a spot on the team. Only swimmers who are unable to meet minimum eligibility standards set forth by HEAL Swim Club will be refunded. Payment of annual dues shall be completed no later than December 16, 2024. Dues may be prepaid at any time.
- (b) If the final dues payment is not received in full by December 16, 2024, a late fee of \$75 per week will be assessed to the family's dues account and no meet entries will be submitted for the swimmer until late fees are paid.

**2. Suspension.**

- (a) If Parent fails 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 HEAL 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 Treasurer for a waiver of late fees and suspension. A waiver may be granted by HEAL if satisfactory arrangements are made for payment of the delinquent amounts.

3. **Escrow.**
  - (a) Parents are responsible for all meet entry fees for the 2024-2025 season. Parents will be notified when the escrow account reaches \$10 and will be required to make payments to the Swimmer’s escrow account so funds are available for meet entry fees. Monthly statements will be issued to update families of account balance.
  - (b) If Parent shall fail to make a required escrow payment within 30 days from the date of the notice from HEAL, 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 group 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 team would be more appropriate for the swimmer.
5. **Release of Liability.** Parent hereby releases HEAL, its employees, officers, directors and volunteers and any facility used by HEAL from any liability arising out of any injury to the swimmer(s) which may occur while the swimmer(s) is/are participating in the HEAL 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 HEAL.
6. **Drug, Alcohol & Tobacco Policies.** Parent and all 13 & Over swimmers have read, signed and agree to abide by the HEAL Drug, Alcohol and Tobacco Policies which are incorporated herein by reference.
7. **Fundraising Projects/Swim Meets.** Revenue from fund raising and swim meets constitutes a significant part of the HEAL operating budget. In any fundraising project or swim meet designated by the HEAL leadership as one in which **participation is mandatory**, Parent agrees that at least one adult family member shall participate as a volunteer. **If an adult family member does not participate in the project, the parent agrees to pay HEAL the amount of any non-participation assessment set by the Board of Directors not to exceed \$150.00.**
8. **Image Likeness Release Forms.** All swimmers and their guardians must sign image likeness release forms, and agree to the potential use of their child and their image in all HEAL advertising and marketing strategies.

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Parent or Guardian Signature

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Date

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Parent or Guardian Signature

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Date