

**Farmingdale Aquatics
Swimmer Information Sheet and Registration Form**

Last Name: _____ First Name: _____ Middle Initial _____

Address: _____ Town & Zip: _____

Home Phone # _____ Email address _____

DOB (MM/DD/YY): _____ Age: _____ Gender: M or F

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Parent Information

Father's Name: _____ Mother's Name: _____

Same address as Child? (Y/N) If NO, fill in below (specify mother/father): _____

Address: _____ Town & Zip: _____

Home No: _____

Father's Work No.: _____ Father's Cell No.: _____

Mother's Work No.: _____ Mother's Cell No.: _____

Emergency Contact: Name _____ Phone # _____

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Consent of the Parent or Guardian

I, THE UNDERSIGNED, being the parent or guardian of _____
Do hereby grant permission for his/her participation in all activities, athletic or otherwise, sponsored by Farmingdale Aquatics and waive, release, indemnify and agree to hold harmless or responsible Farmingdale Aquatics, its Board Members, sponsors, representatives and participants for any claim arising out of injury to my child, whether the result of negligence or for any other cause, except to the extent of their liability insurance for this activity.

Signature of Parent or Guardian _____ Date _____

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Payment Information

Senior \$1250 Cash/Check) Check Number _____

Junior \$950 (Cash/Check) Check Number _____

Developmental/Intermediate \$800 (Cash/Check) Check Number _____

Pre-Team \$400 (Cash/Check) Check Number _____

Youth Council Fee (out of district) \$60 (Cash/Check) Check Number _____

Separate Check for Youth Council Fee

Payment Schedule

Initial Payment – (50% due at registration)

Amount paid _____ (Cash/Check#) _____ Balance _____

Second Installment (25% of unpaid balance) _____ due on November 15, 2011

Amount paid _____ (Cash/Check#) _____ Balance _____

Third Installment (remaining balance) _____ due on January 15, 2012.

Registered by: _____ Date _____

Comments: How did you hear about us? _____

Contract for Swim Season 2011-2012 & Medical Form

I have read the terms and conditions of this registration, the terms and conditions of the fee payment schedule and I agree to pay in full tuition as stated for the 2011-2012 Swim season.

Signature of Parent or Guardian _____ Date _____

I hereby authorize and approve of my child's participation in the Farmingdale Aquatics and know of no physical disabilities or illnesses which would interfere or prevent his/her participation. I do hereby waive, release, indemnify, and agree to hold harmless or responsible the Farmingdale Aquatics, its Board Members, its sponsors, representatives and participants for any claim arising out of injury to my child, whether the result of negligence or for any other cause, except to the extent of their liability insurance for this activity.

I give the Coaches and Board Members permission to seek medical aid for my child in my absence and understand that the USS Group Insurance is a secondary policy, which has a deductible, and that I am solely responsible for payment of that deductible.

Please note below any physical handicaps or medical problems or allergies for your son/daughter below:

Medication

Please list medications both OTC and Prescribed taken on a regular basis and reasons for _____

I acknowledge that my child, _____, is medically cleared to participate on this team.

Signed _____ Date _____

- I have read the Farmingdale Aquatics waiver and have no objections to the items listed therein.
- My child and I have read the Code of Conduct and agree to abide by this code as set forth by the Board of Directors and the Coaching staff of Farmingdale Aquatics.
- I have read and understand the information on Swim meets and Meet entry Criteria contained in the registration packet.
- I have read the fee payment schedule and agree to pay all fees by the due dates reflected in the schedule.

Signature _____ Date _____

FEE PAYMENT SCHEDULE:

All fees, which include registration and meet fees, are due and payable upon initial sign up unless otherwise arranged. Partial payment will be as follows 50% of registration fee initial sign up. Meet fees are only waved if upon initial sign up the team is notified in writing that the child will not be swimming in any meets.

50% of balance is due and payable on the 15th of November.

Balance is due and payable on the 15th of January.

If for any reason these deadlines are not met the swimmer will no longer be considered to be a member in good standing and will be removed from all meets and practices until such time as the fees owed are paid. If meet fees have already been paid for meets entered they are forfeit.