

# CHAMPS AQUATIC PROGRAMS

# 2019-2020 REGISTRATION

<b>TEAM PROGRAM</b> Unlimited Days; Schedule Evenings TBA M/T/W/TH Afternoons TBA SAT	<b>1. WINTER SEASON (Sept-Feb) \$900</b> Payment Plan: \$150 @ Registration *5 Remaining Payments Due 1 <sup>st</sup> Each Month (Payment in full due Jan 1 <sup>st</sup> ) <b>2. SPRING/SUMMER (Apr-July) \$600</b>	Additional Annual Registration Fee \$80			
<b>CAMP PROGRAM</b> 2 Days per Week M/W/TH (may vary) Evenings TBA (5-8 pm) *Pick your 2 days!	<b>1. FALL (Sept-Nov) \$250</b> <b>2. WINTER (Jan-Mar) \$250</b> <b>3. SPRING/SUMMER (April-July) \$250</b> Payment Plan: 2 payments, only for families with multiple children.	Additional Annual Registration Fee \$80			
<b>Times may vary due to Argo High School activities and events. Calendar/Times posted on website.</b>					
<b>SWIMMER FIRST NAME</b>	<b>PROGRAM &amp; SESSION</b>	<b>SESSION TOTAL</b>	<b>ANNUAL FEE</b>	<b>DEPOSIT</b>	<b>TOTAL</b>
<b>1</b>		\$	\$	\$	\$
<b>2</b>		\$	\$	\$	\$
<b>3</b>		\$	\$	\$	\$
<b>\$25 DISCOUNTS: 1.Early Bird Regist (by July 21) 2.Additional Child</b>				<b>Discount</b>	<b>(-)\$</b>
<b>3. Payment in Full (Team Program Only)</b>				<b>Discount</b>	<b>(-)\$</b>
<b>1<sup>st</sup> Payment Total</b>				<b>Check #</b>	<b>\$</b>

**1. Swimmer** First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Birth Date \_\_\_\_\_ Current Age \_\_\_\_\_ Current Grade \_\_\_\_\_

Known Allergies and Illness; Current Medications \_\_\_\_\_

**2. Swimmer** First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Birth Date \_\_\_\_\_ Current Age \_\_\_\_\_ Current Grade \_\_\_\_\_

Known Allergies and Illness; Current Medications \_\_\_\_\_

**3. Swimmer** First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Birth Date \_\_\_\_\_ Current Age \_\_\_\_\_ Current Grade \_\_\_\_\_

Known Allergies and Illness; Current Medications \_\_\_\_\_

**Mother's Name** \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip code \_\_\_\_\_

**Father's Name** \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip code \_\_\_\_\_

**\*\*\*EMERGENCY CONTACT NAME** \_\_\_\_\_ CELL \_\_\_\_\_

**RELATIONSHIP** \_\_\_\_\_ **ADDRESS** \_\_\_\_\_

## CHAMPS AQUATIC PROGRAMS

## 2019-2020 REGISTRATION

I/We, the parents or legal guardian of the swimmer(s) listed below, a candidate for membership on the "Championship Swimmers, Inc.", do hereby give my/our consent to his/her/their participation in any and all "Championship Swimmers, Inc." activities during the current season.

I/We, understand and commit to payment in full of all fees associated for the 2018-2019 season, whether or not my child participates fully in the programs he/she is registered for. I understand Championship Swimmers, Inc. will not refund any money and I will be responsible for any unpaid fees, even if my child drops out of the program for any reason. Exceptions may be individually considered following a written request to the Championship Swimmers, Inc. Board of Directors. I also understand and agree to pay my dues on time prior to the monthly due dates. I am aware and agree to pay interest (5% per month) for past due fees of 3 months or more, as well as any costs incurred by Championship Swimmers, Inc. associated with the collection of my debt.

### LIABILITY RELEASE AND INDEMNIFICATION FORM

I, the undersigned participant and parent, request voluntary participation for minor to participate in all events, which are hereinafter referred to as the "activities." sponsored by Championship Swimmers, Inc., Argo Community High School District 217, USA Swimming and its local swimming committees. I consent to my/minor's participation in the activities and acknowledge that the minor and I fully understand my/minor's participation may involve risk of serious injury or death, including losses which may result not only from my/minor's own actions, inactions or negligence, but also from the actions, inactions, or negligence of others, the condition of the facilities, equipment, or areas where the event or activity is being conducted, and/or the rules of play of this type of event or activity. I understand that if I have any risk concerns, I should discuss the risks associated with my participation with the activity coordinators and event staff, before I sign this document and before any activities begins.

#### Release – Minor's Rights:

In consideration of allowing Minor Participant to participate in the activities, I hereby release and hold harmless Championship Swimmers, Inc., Argo Community High School District 217, USA Swimming and its local swimming committee and their members of its board of directors, officers, employees, volunteers, other participants, and agents (collectively, the "Released Parties"), of and from, and do discharge and waive, any and all claims, demands, losses, damages, and liabilities that Minor Participant may have or sustain with respect to any and all damage and/or injury, of any type, arising out of his or her participating in the activities. I also agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

#### Release – Parents'/Guardians' Rights:

In consideration of allowing Minor Participant to participate in Championship Swimmers, Inc., Argo Community High School District 217, USA Swimming events, I hereby release and hold harmless the Released Parties, of and from, and do discharge and waive, any and all claims, demands, losses, damages, and liabilities that I may have or sustain with respect to any and all damage and/or injury, of any type, arising from Minor Participant's participation in the activities. I also agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect. I certify that my/minor is in good health and have no physical condition that would prevent participation in this activity. Furthermore, I agree to use my/minor's personal medical insurance as a primary medical coverage payment if accident or injury occurs. I consent to emergency medical treatment in the event such care is required.

#### Indemnification by Parent/Guardian:

The undersigned parent/guardian further agrees to indemnify, save and hold harmless the Released Parties from any and all claims, demands, losses, damages and liabilities for indemnities, contribution or otherwise with respect to any damage and/or injury, of any type, arising from Minor Participant's participation in the activities. The undersigned also agrees that this Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement extends to all acts of negligence by the Release and is intended to be as broad and inclusive as is permitted by the laws of the State in which the Event(s) is/are conducted and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

**In an emergency, when neither parent nor emergency contact persons can be reached, I authorize Championship Swimmers, Inc representative to call Paramedics. If necessary, the Paramedics may transport my child(ren) to the preferred hospital listed above or the nearest hospital. I will assume financial responsibility for the costs incurred. I hereby permit emergency medical treatment to be given to my children listed above**

PREFERRED HOSPITAL \_\_\_\_\_ DR NAME \_\_\_\_\_ PHONE \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_