

# Franklin Regional Swim Team Registration Form

2009- 2010 Short Course Season (Winter)

\_\_\_ Beginner 1      \_\_\_ White      \_\_\_ Blue      \_\_\_ Middle School      \_\_\_ High School

## Parent/Guardian

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
Zip Code

(\_\_\_\_\_) \_\_\_\_\_  
Work Phone

(\_\_\_\_\_) \_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Email Address (please print clearly)

## Swimmer

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First

\_\_\_\_\_  
Middle Name

\_\_\_\_\_  
Preferred Name

\_\_\_\_\_  
Birth Date

\_\_\_\_\_  
Age

\_\_\_\_\_  
Gender

\_\_\_\_\_  
Email Address (please print clearly)

\_\_\_\_\_  
Physician

(\_\_\_\_\_) \_\_\_\_\_  
Physician Phone

\_\_\_\_\_  
Emergency Contact

(\_\_\_\_\_) \_\_\_\_\_  
Emergency Phone

\_\_\_\_\_  
Medical Conditions

\_\_\_\_\_  
Medication

We hereby give our consent for our child \_\_\_\_\_ to participate in the FRST program and agree that all coaches and other personnel associated with the program shall not be held responsible or liable for any injury whatsoever sustained by our child in the activities of the association. In the event of any emergency, we authorize the association or its coaches or representatives to secure first aid and/or services of any legally qualified physician or hospital and agree to assume all financial obligations connected herewith. We understand we are financially responsible for any damage caused by our child to school property therewith. **We also understand that we are financially obligated to pay for the entire season whether our child completes the season or not.**

For consideration which I acknowledge, I irrevocably grant FRST ("Club") and Club's assigns, licensees, and successors the right to use my child/children's image (s) and name (s) in all forms and media including composite or modified representations for all purposes, including advertising, trade, or any commercial purpose throughout the world and in perpetuity. I waive the right to inspect or approve versions of my image used for publication or the written copy that may be used in connection with the images. I release Club and Club's assigns, licensees, and successors from any claims that may arise regarding the use of my child's/children's image, including any claims of defamation, invasion of privacy, or infringement or moral rights, rights of publicity, or copyright. Club is permitted, although not obligated, to include my name as a credit in connection with the image. Any such images would be used solely for club purposes. The images would not be sold or rights transferred to any third parties.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**FRST FINANCIAL AGREEMENT**

I, \_\_\_\_\_, agree to pay the **Franklin Regional Swim Team** the following fees for my swimmer,  
\_\_\_\_\_, for the 2009 - 2010 Short Course Season.

1. **United States Swimming Insurance at a cost of \$ \$53.00 a year (Mandatory, every swimmer must carry this on deck.)**
2. **An up-front Registration fee of \$25.00 for new members**
3. **All Meet Entry Fees incurred by my swimmer.**
4. **Seasonal Coaching Fees as follows:**

**Beginner Group- (Practice 1hr – 3 x week / August 31, 2009 – March 4, 2010 = 27 Weeks)♦**

\_\_\_\_\_ \$250.00 paid at Registration\*      **or**      \_\_\_\_\_ \$52.00 in five (5) installments\*#

**White Group- (Practice 2hrs – 5 x week / August 31, 2009 – March 4, 2010 = 27 Weeks)**

\_\_\_\_\_ \$345.00 paid at Registration\*      **or**      \_\_\_\_\_ \$71.50 in five (5) installments\*#

**Blue Group- (Practice 2hrs – 5 x week / August 31, 2009 – March 4, 2010 = 27 Weeks)**

\_\_\_\_\_ \$345.00 paid at Registration\*      **or**      \_\_\_\_\_ \$71.50 in five (5) installments\*#

**Middle School- (Practice 2hrs – 5 x week / August 31, 2009 – December 31, 2009 = 18 Weeks)**

\_\_\_\_\_ \$220.00 paid at Registration\*      **or**      \_\_\_\_\_ \$57.50 in four (4) installments\*#

**High School- (Practice 2hrs – 6 x week & Mornings / August 17, 2009 – October 31, 2009 = 11 Weeks)**

\_\_\_\_\_ \$185.00 paid at Registration\*      **or**      \_\_\_\_\_ \$97.50 in two (2) installments\*#

*\* Does not include registration fee or mandatory USS Registration fee of \$53.00 which are due at registration  
♦ Beginner Group will have a pro-rated option to swim partial season-please see Valerie Harper for specifics.  
# Installment Fee Schedule: Registration, September 30<sup>th</sup>, October 30<sup>th</sup>, November 30<sup>th</sup>, December 30<sup>th</sup>*

**Total Fees Owed**

\$ \_\_\_\_\_ Outstanding Fees Owed/Credits From Prior Season

\$ \_\_\_\_\_ Coaching Fees for the Entire Season

\$ \_\_\_\_\_ Initial Registration Fee (**For new members only**) \$25.00

**\$ 53.00** United States Swimming Insurance (FOR EVERYONE)

**\$ TOTAL DUE FOR SEASON**

\$ \_\_\_\_\_ Payment Made at Registration (1<sup>st</sup> Coaching Fee Installment + USS Registration + New Member Registration)

**\$ BALANCE DUE TO BE PAID IN INSTALLMENTS**

**I understand and agree that I am liable for the entire seasonal coaching fee whether my swimmer chooses to complete the season or not.** I am aware that FRST is not a monthly swim program. I understand the team budget and club expenses are based on these seasonal fees. If my swimmer is advanced to a higher group, the coaching fees will be prorated. I understand that the Incremental Payment Option is a service provided by FRST and that a \$10.00 late fee will be added to my account if my fees are not paid by the 15<sup>th</sup> of the month, unless other arrangements are made in writing and approved by FRST. I understand that my swimmer may not be allowed in the pool until all outstanding fees are paid.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

FRST Representative: \_\_\_\_\_

Date: \_\_\_\_\_