

North Shore Swim Club
2011-2012

Hello,

North Shore Swim Club is happy to welcome you and your family into our program. To begin the program properly, we ask that you take the time needed to ensure correct registration and comprehension of policies and procedures.

We have provided the following check list to assist you in registering for the 2011-2012 season. We look forward to any questions you might have. See you at the pool!

NSSC REGISTRATION CHECK LIST:

1. Registration form. Options: Full year or session. Completely filled out with signatures and payment. Parent's date of births is required for Hanscom background check.
2. Child Waiver/ Liability release. Completed and signed. Mandatory for September 2011 season.
3. Copy of child's birth certificate. All swimmers are required by USA Swimming to provide a copy of their birth certificate.
4. Hanscom Airforce Base Hold harmless release. Completed and signed.
5. New swimmer best time sheet. Completed.
6. Parents are to keep escrow and session payment schedule and session dates sheet.
7. Parents are required to read the policies and procedures for North Shore Swim Club, located in the club manual.

We hope this checklist is beneficial in your registering for North Shore Swim Club. If you have any questions on registering or on our policies and procedure, we encourage you to contact: Tony Padvaiskas (Tonypad@aol.com) or Dan Warner (NSSC1@aol.com).

Sincerely,

North Shore Swim Club

North Shore Swim Club
2011-2012
SESSION Registration Form
AGE GROUP PROGRAM

| | | |
|---|---------------|---------------------|
| Swimmers Name: | | |
| First | Middle | Last |
| Address: | City: | ZIP: |
| Swimmers DOB: | Phone: | Cell: |
| Mothers legal Name: | | Mothers DOB: |
| Fathers legal Name: | | Fathers DOB: |
| Best Email for club communication: | | |

| Check Mark which sessions you are registering. | | <u>Age Group Program</u> |
|---|-----------|--------------------------|
| | Session 1 | \$300.00 |
| | Session 2 | \$300.00 |
| | Session 3 | \$265.00 |
| | Session 4 | \$300.00 |
| | Session 5 | \$325.00 |
| | Session 6 | \$230.00 |

USA SWIMMING REGISTRATION: \$ _____ \$65.00

TOTAL Payment amount (cash, check, credit card): \$ _____

Mandatory Credit Card Payment Information:

Please circle Credit Card to be charged: (Am-Ex/ Visa/ MC/ Discover)

Card #: _____ Expiration Date: _____

Name as on Card: _____ ID CODE NUMBERS on card: _____

Signature: _____

North Shore Swim Club
2011-2012 Club Registration Contract

SESSION PAYMENT PLAN OPTION: Swimmer's who would like to sign up for specific sessions may do so. This option does not include USA Swimming registration, bathing suit or club t-shirts. **There will be NO refunds regarding tuition registration. Once registered, and a member of NSSC, session payments renew automatically and must be paid via credit cards.** Credit cards will be charged two weeks prior to the beginning of the next session. Credit Card information must be on file with NSSC. Again, there will be NO refunds regarding tuition registration.

NOTICE OF PROGRAM CANCELLATION PROCEDURE: By agreeing to this registration you understand credit cards will be charged two weeks prior to the beginning of the next session, unless written notification of cancellation is given to NSSC prior to the charging of your credit card. There will be no refunds of tuition registration without prior written notification of cancellation of a minimum of two weeks before a new session.

Parent or legal guardian acknowledging and understanding the financial commitment to NSSC:

Signature _____ Date: _____

North Shore Swim Club
Medical Release/ Liability Waiver Form

| | | |
|--------------------------|------|-------|
| Athlete Name: | DOB: | SS #: |
| Parents/Guardians Names: | | |
| Alternate Guardian Name: | | |

| |
|-------------------------|
| Emergency Phone Number: |
| Home Phone Number: |
| Work Phone Number: |

| | |
|------------------|----------------|
| Medical Carrier: | Policy Number: |
| Dental Carrier | Policy Number: |

| |
|---|
| Family Doctor Name: |
| Medications: |
| Allergies: |
| Emergency procedures needed: (Allergy pen) |
| Please list any medical history issues coaches need to be aware of: |

I agree to have my child (s) participate in the program and hereby agree to indemnify and hold harmless the North Shore Swim Club, Salem State College, Gordon College, Minuteman Technical School, JCC of the North Shore, Hanscom Air Force Base, Northeast Voc. Tech., its coaches and officers, directors, agents and employees against any liability resulting in any injury that may occur to the participant while participating in the program. The participant agrees to indemnify the North Shore Swim Club for any damages incurred arising from any claims, demand, action or cause of action by the participant. The participant authorizes any representative of NSSC to have the participant treated to any medical emergency during their participation in the program. Further, the participant and or parent/guardian agree to pay all costs associated with medical care and transportation for the participant. I have noted on the medical health release form any medical health problems of which the staff should be aware. I have carefully read the above liability release and sign it with full knowledge of its content and significance.

Parent/Guardian
Signature: _____ Date: _____

HOLD HARMLESS AND INDEMNITY AGREEMENT

I, _____ (print name) in consideration for the use of the United States Air Force property and/or facilities, specifically for the use of the Hanscom AFB pool facilities from _____ (start date) to _____ (end date), do hereby agree to release and hold harmless any and all employees, officers, and/or agents acting on behalf of the United States Government and/or the United States Air Force from all liability, claims and demands of any person or entity which purport to have a claim against the United States as a result of or arising out of or in any way connected with use of the pool facilities or my presence on base to use the pool facilities. I fully understand and appreciate the risks associated with swimming, that my participation in the activity could result in injury or death, and I knowingly and voluntarily assume all risks associated with the activity. In addition, I agree to reimburse the United States for any damages I cause to Air Force property. Finally, I agree to indemnify the United States, its officers, agents, and employees for any and all liability arising as a result of or connected to my use of the Hanscom AFB pool facilities.

SIGNATURE OF PARTICIPANT
(OR GUARDIAN IF UNDER 18 OR
OTHERWISE APPLICABLE)
PRINT NAME:
DATE:

WITNESS SIGNATURE
PRINT NAME:
DATE:

If guardian signed for participant please print participant's name: _____

North Shore Swim Club

New Swimmer

Best Time Form

| STROKE | YARDS | METERS |
|---------------------|-------|--------|
| FREESTYLE | | |
| 25 | | N/A |
| 50 | | |
| 100 | | |
| 200 | | |
| 500/400 | | |
| 1000/800 | | |
| 1650/1500 | | |
| BACKSTROKE | | |
| 25 | | N/A |
| 50 | | |
| 100 | | |
| 200 | | |
| BREASTSTROKE | | |
| 25 | | N/A |
| 50 | | |
| 100 | | |
| 200 | | |
| BUTTERFLY | | |
| 25 | | N/A |
| 50 | | |
| 100 | | |
| 200 | | |
| INDIVIDUAL MEDLEY | | |
| 100 | | N/A |
| 200 | | |
| 400 | | |
| Swimmer Name | | |

2011-2012 NSSC Session Payment Schedule

| Session | Date session will be billed to your NSSC account | Date session will be automatically charged to your credit card | Session Start Date |
|-----------|--|--|------------------------------|
| Session 2 | Monday, October 17, 2011 | Monday, October 24, 2011 | Monday, November 7, 2011 |
| Session 3 | Monday, December 12, 2011 | Monday December 19, 2011 | Monday, January 2, 2012 |
| Session 4 | Monday, January 30, 2012 | Monday, February 6, 2012 | Monday, February 20, 2012 |
| Session 5 | Monday, April 2, 2012 | Monday, April 9, 2012 | Monday, April 23, 2012 |
| Session 6 | Monday, June 4, 2012 | Monday, June 11, 2012 | Monday, June 25, 2012 |

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2011-2012 NSSC Escrow Account Payment Schedule

| Session | Date escrow accounts will be billed to your NSSC account for meets and miscellaneous charges | Date escrow accounts will be automatically charged to your credit card |
|-----------|--|--|
| Session 2 | Monday, October 17, 2011 | Monday, October 24, 2011 |
| | Monday, November 14, 2011 | Monday, November 21, 2011 |
| Session 3 | Monday, December 12, 2011 | Monday December 19, 2011 |
| Session 4 | Monday, January 30, 2012 | Monday, February 6, 2012 |
| Session 5 | Monday, April 2, 2012 | Monday, April 9, 2012 |
| | Monday April 30, 2012 | Monday May 7, 2012 |
| Session 6 | Monday, June 4, 2012 | Monday, June 11, 2012 |
| | Tuesday, July 2, 2012 | Monday, July 9, 2012 |

NOTICE OF ESCROW ACCOUNT RENEWAL: By agreeing to this registration you understand all escrow accounts must be maintained with a positive \$100.00 balance per swimmer. To ensure this, all families are required to supply a credit card for escrow account transactions. **Negative escrow accounts will be charged automatically on a MONTHLY basis, with the escrow account being charged to a positive \$100.00 balance.**