

Heartland Swimming Association Membership Agreement 2009

Dues: Dues are billed on the 20th and are due by the 10th of the month.

Sr. Team \$125

Gold Team \$115

Sr. Dev. \$105

Jr. Gold \$90

Additional Swimmer Discount is \$25

PLEASE PRINT

Father's Name: _____
Last First

Father's Address: _____
Street City Zip

Father's Phone #: _____
Home Work Cell e-mail address

Mother's Name: _____
Last First

Mother's Address: _____
Street City Zip

Mother's Phone #: _____
Home Work Cell e-mail address

Swimmer 1 _____
First MI Last DOB ____-____-____ Age ____ M or F

Goes by _____ Swimmer cell _____ Swimmer e-mail _____

Swimmer 2 _____
First MI Last DOB ____-____-____ Age ____ M or F

Goes by _____ Swimmer cell _____ Swimmer e-mail _____

Swimmer 3 _____
First MI Last DOB ____-____-____ Age ____ M or F

Goes by _____ Swimmer cell _____ Swimmer e-mail _____

Basic Membership Guidelines:

Families have one membership vote and full privileges of membership as defined in the Heartland Swimming Association by-laws. Basic dues are billed monthly and are due by the 10th of the month. Each family is expected to support the team with a \$25.00 annual Meet Underwriting Fee, which is billed in January, team volunteerism and one Team Fundraiser annually, the Aquafest, held in the fall each year. The expectation of the Aquafest is that each family will raise at least \$100 or "buy-out" with a \$100 donation.

Special Program Guidelines:

Special programs are not considered for membership and are limited to 20 weeks annually. Any swimmer participating over 20 weeks annually will automatically qualify for membership and dues will be accounted accordingly.

USA Swimming Association:

All swimmers participating in Heartland Swimming Association, special or otherwise, must hold a valid and current USA Swim Card and uphold the standards and values of USA Swimming membership.

(over)

Team Directory:

Periodically we publish a team directory. Information included for each swimmer is: name and birthday (month & day only), parents' names, mailing address, home phone, and e-mail address. If you do not opt out of this by signing below we will assume you give your permission.

I hereby *do not* give permission for HSA to publish our information in a team directory.

Parent Signature: _____

Photos on website:

HSA posts photos from swim meets and team activities on its website. It is our policy that the full names of swimmers will not be used. If you do not opt out of this by signing below we will assume you give your permission.

I hereby *do not* give permission for HSA to post photos on the team website and other electronic forms of communication.

Child's Name(s): _____ Parent Signature: _____

E-mail Billing:

In the event that Heartland Swimming Association begins sending monthly bills via e-mail-

I *do not* want to receive bills by e-mail Signature _____

I *do* want to receive bills by e-mail.

Billing e-mail address _____

please print

In Addition:

In case of emergency, I hereby authorize medical attention for my child as deemed necessary by an employee and/or officers of Heartland Swimming Association and further remove from liability any employees and/or officers of Heartland for facilitating said treatment.

Doctor's Name _____ Phone Number _____

Health Insurance Co _____ Policy # _____

Emergency Contact _____ Phone Number _____

Coaches- Please be aware of the following on-going medical conditions or allergies: _____

The _____ family agrees to the above conditions as conditions for membership in Heartland Swimming Association. In accordance with the HSA by-laws, the Heartland Board of Directors reviews all memberships at origination.

I understand I must purchase a USA Swimming card for \$55.00 through USA Swimming in order for my child to participate in this program.

Authorized signature _____

(Parent or Legal Guardian)

Office use only

Account #: _____ Group#: _____ Accepted/Denied: _____ Reviewed by: _____