

# Heartland Swimming Association Membership Agreement 2010

**Dues:** Dues are billed on the 20<sup>th</sup> and are due by the 10<sup>th</sup> of the month.

**Sr. Team \$130**

**Gold Team \$120**

**Sr. Dev. \$110**

**Jr. Gold \$95**

**PLEASE CIRCLE TEAM SELECTION ABOVE**

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

**NAMES MUST MATCH BIRTH CERTIFICATE:**

**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 10<sup>th</sup> of the month. Each family is expected to support the team with a \$25.00 Annual Membership 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: \*\*\*UPDATE FOR 2010\*\*\***

All billing by Heartland Swimming Association will be via e-mail. Please fill in email address for billing if different from email address on front of application.

E-mail address for billing: \_\_\_\_\_

You do NOT need to print a copy of the invoice to include with your payment. Your family name is all the information needed.

**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 \$56.00 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: \_\_\_\_\_