# HAWAI'I SWIMMING CLUB

2021 Application for Membership - Permission to Participate & Release of Liability

| Last Name  | [Athlete]   | First Name   | Middle Initial   | [M/F]   | Date of Birth  |  |
|--|---|--|--|---|--|--|
| Last Name  | [Athlete]   | First Name   | Middle Initial   | [M/F]   | Date of Birth  |  |
| Last Name  | [Athlete]   | First Name   | Middle Initial   | [M/F]   | Date of Birth  |  |
| HOME Address   |   |  | City   | Ziţ   | code   |  |
| HOME Telephone or Main Contact Phone   |   |  | Emergency Cell N   | Number /  | Relationship   |  |
| Parent/Guard   | dian's Name   |  | Parent/Guardian's Name   |   |  |  |
| Parent/Guard   | dian's Day# - s <sub>l</sub>  | pecify if cell/hm/wk   | Parent/Guardian's Day # - specify if cell/hm/wk  |   |  |  |
|  | <u>mail</u> - <mark>REQUI</mark><br>:/newsletters/m   | RED:<br>eet info) <i>please print</i> :  | :  |   |  |  |
| Referred by [  | Family Name   | ]:   |  | [for I  | Referral incentive   |  |
| -  |   | ner is referred by an I<br>vaived for their <u>first</u> sv  |  | d standing], tha  | at HSC member will   |  |
|  | Permi   | ssion to Partic  | inate and Re   | lease of L  | iability   |  |
| Swimming Club<br>Swimming, from<br>HSC, including a<br>daily written app<br>person who prov<br>mentioned, their<br>in death or dama<br>agree to reimburg | bers agree to pare (HSC) and here any injury that is travel to and from proval by text or wides transportating agents, consultange to property, cose the above part | rticipate and agree to all<br>eby release HSC, the<br>may occur to myself, my<br>n training sessions, schemail may my child(rer<br>on to or from such events, and employees again<br>or both while myself or | , the pa<br>llow my child(ren) and<br>coaches, staff, board<br>y child(ren), or family<br>eduled activities and not<br>not family members<br>ents or practices. I ag<br>not any and all liability<br>my child(ren) or family<br>y are compelled to pay | arent/guardian of directors and members while preets/games. I laravel with the travel of indemnify for personal in ly members are | f the above listed applicant(seems to participate on the Hawaid for agents of HSC, Hawaiian participating in the programs of the program of the program of the program of the program of the participating in the program. The program of the prog |  |
| Signature of Paren   | t or Guardian   |  |  |   | Date   |  |
| Check primary p  | ractice pool: [ ]   | Kapaolono; [ ] Kroc [ ]  | Salt Lake; [ ] VMAC; [   | ] Pearl City/Mana   | ana [ ] Makakilo [ ] Waikele   |  |
| Paid By: Check   | k # Cre   | edit Card [ ] [via onli  | ne registration] / Ca  | sh[] TOT  | AL PAID: \$  |  |

Payment and copy of birth certificate or passport <u>must</u> accompany the Registration forms if this is your first time with HSC. Please make checks payable to <u>HAWAII SWIMMING CLUB</u>

### Code of Conduct as a Result of COVID-19

As a result of the Coronavirus Disease (COVID-19) and/or any mutation or variation therefore, I acknowledge that I am aware that there are risks to me of exposure to directly or indirectly arising out of, contributed to, by or resulting therefrom.

In consideration of having the opportunity to participate as a team member, parent or coach of Hawaii Swimming Club at such pool or ocean practice, as well as dry land exercises, I/we agree to abide by the following code of conduct:

- 1. IF you do not feel well, STAY HOME, DO NOT COME TO PRACTICE.
- 2. Masks must be worn during instructional portion of exercise, as well as before and after exiting from the water;
- 3. Coaches must wear masks until swimmers are proportionately distanced from you;
- 4. Social Distancing should still be continued;
- 5. Because of time constraints, punctuality is mandatory;
- 6. Swimmers must come dressed, prepared to work out Pool Locker rooms may not be available; changing in the park bathrooms is not recommended, but if you must, please have a parent, guardian or team mate with you;
- 7. Coaches / Parents please monitor yourselves, your children if you/they feel ill in any way, specifically with symptoms of mild to severe respiratory illness with fever, cough and difficulty breathing, please stay home; please see your primary physician and do not return to practice until cleared to do so;
- 8. Any parent(s) who assists the coach, must also abide by this Code of Conduct;
- 9. Please be mindful and aware that Safe Sports is to be practiced at all times. [See HSC
- 10. I promise to be respectful of my team mates, any parents who are assisting with practice, all HSC coaches as well as any lifeguards or park personnel or the general public;
- 11. I promise to help when help is needed;
- 12. I promise to be a good role model.

| Athletes Name (Print): Date: |                           | Signature:  |
|------------------------------|---------------------------|---|
| Parent/Lega<br>Signature:    | al Guardian Name (Print)_ | Date:   |
| Pg. 2 of 4                   |                           | ned copy to your coach. Keep a copy for yourself. |

| C MEMBERSH   | IP FEES & REO                            | GISTRATION*                | COSTS [effective -      | 7-1-20]       |  |  |  |
|--|--|----------------------------|-------------------------|---------------|--|--|--|
| •  | g Athlete Registr                        |                            |                         |               |  |  |  |
| HSC 2021 Adm   | inistrative Fee -                        | \$ 99.00                   |                         |               |  |  |  |
| *EOD NEW SW  | <mark>VIMMERS</mark> [1 <sup>st</sup> ti | ma ragistaring u           | zith IIC A              |               |  |  |  |
|  | copy of your <u>bir</u>                  |                            |                         |               |  |  |  |
| Passport is RE   |  |                            |                         |               |  |  |  |
| •  |  |                            |                         |               |  |  |  |
| Hawaiian Swii  | nming Transfe                            | \$5.00                     |                         |               |  |  |  |
| registered swir  | n club to HSC]                           |                            |                         |               |  |  |  |
| Transfer fee, n  | on-Hawaiian sv                           | vimming memb               | er without              | \$10.00       |  |  |  |
| copy of Athlet   | e Registration C                         | Card                       |                         |               |  |  |  |
|  |  |                            |                         |               |  |  |  |
| _  |  | <u>pleted</u> Applica      | tion to Transfer        |               |  |  |  |
| form signed by   | former team]                             |                            |                         |               |  |  |  |
|  |  |                            |                         |               |  |  |  |
| Dues @ Salt I  | Lake/VMAC/Po                             | earl City/Kapa             | <u>iolono:</u>          |               |  |  |  |
|  | 1st Swimmer                              | 2 <sup>nd</sup> Swimmer    | 3 <sup>rd</sup> Swimmer |               |  |  |  |
| GOLD   | \$100.00*                                | \$90.00                    | \$80.00                 |               |  |  |  |
| SILVER   | \$90.00*                                 | \$80.00                    | \$70.00                 |               |  |  |  |
| BRONZE   | \$80.00*                                 | \$70.00                    | \$60.00                 |               |  |  |  |
|  | ·  | · ·                        | 0 off of your first     |               |  |  |  |
|  | ou become a vol                          |                            |                         |               |  |  |  |
| _  | will be allowed                          |                            | _                       |               |  |  |  |
|  |  | •                          |                         |               |  |  |  |
|  | <u>rative Fee for K</u>                  |                            |                         |               |  |  |  |
|  | ter members pay                          |                            |                         |               |  |  |  |
|  | istrative Fee for                        |                            |                         | 247.22        |  |  |  |
| 1  | ning Club is bill                        | •                          |                         | \$15.00/month |  |  |  |
|  | Fee covers admi rator, Registrar, l      |                            |                         |               |  |  |  |
| 1  | rformed by HSC                           |                            |                         |               |  |  |  |
| Entry duties pe  | Hornica by HSC                           |                            |                         |               |  |  |  |
| <b>Monthly Dues</b>  | for Waikele/Ma                           | kakilo beginnei            | · lessons (Pool         |               |  |  |  |
| Monthly Dues for Waikele/Makakilo beginner lessons (Pool use is restricted to less days & shorter hours; 3 days max & 1 ho |  |                            |                         |               |  |  |  |
| per day):  |  |                            |                         |               |  |  |  |
| First Sw   |  | \$35.00                    |                         |               |  |  |  |
|  | Swimmer                                  | \$35.00                    |                         |               |  |  |  |
| Third Sv   |  | \$30.00                    |                         |               |  |  |  |
| 4 <sup>th</sup> & up   | receive multi-far                        | \$10.00/ea. add'l child    |                         |               |  |  |  |
| To be complete   | ed by branch Co                          | Parent please initial your |                         |               |  |  |  |
| _  | SILVER / BRON                            | understanding:             |                         |               |  |  |  |
|  | JIL V LIK / DIXON                        | unuci stanuing.            |                         |               |  |  |  |
| Coach to circle  | e appropriate leve                       | Parent:                    |                         |               |  |  |  |
|  | 11 . F                                   | <b></b>                    |                         |               |  |  |  |
|  |  |                            |                         |               |  |  |  |
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#### **Kroc Center Restrictions:**

- 1. anyone who wants to swim on the Kroc swim club must follow the pay structure as listed in their Program brochure.
- 2. if parents have questions about the Kroc swim club, please have them see Coach Kelsie Andrew on the pool deck from 5:00-6:30 pm.
- 3. we may have some swimmers from our parent club come to train here from time to time they would need to pay the drop-in fee of \$10 at the front desk.
- 4. please remind the front desk team that we have two swim programs:
  - a. Monday to Friday 5:00-6:30 pm Kroc (competitive) swim club
  - b. Monday & Wednesday 5:00-6:00 pm Jr. swim program (non competitive)

\*

## Additional Registration Available:

**FLEX** – Provides Insurance for Year Round; Swimmers may only Swim 2 USA Sanctioned Meets in this type of registration. FLEX is for athletes who want to swim, but not necessarily want to compete or are busy with other family, church or school activities. Cost for 2021: \$20.00 per year. Plus HSC Annual Administrative fee of \$20.00 per family.

<u>SEASONAL</u> [only available during May-August 2021] — Swimmers joining HSC late in the swim year, this Registration provides Insurance for the months of May 1 through August 31 of each year. At the end of August the swimmer must renew under Year Round or Flex registration to be eligible to swim in next year's swim season. Costs changes every year. Cost for 2021 is \$55.00 [\$35 Hawaiian Swimming LSC charge plus \$20.00 HSC Registration Administrative fee].

# Process to Request Account be put into an "Inactive" or "Closed' Status:

If your swimmer/family will be traveling, is involved with other school programs, or for health reasons is unable to attend practice, your membership fee will be reduced 50% in order to put your account into an "inactive" status, and guarantees you a spot on the team when you return. Notice must be given to your child's coach and to billing [marcelle808@gmail.com] <u>before</u> this "inactive" period begins. If not requested, your account will continue to be billed. Or if requested after the fact, your account may be closed (with no monthly charge), and you will be wait listed should your child wish to return to practice. Should you have any questions, please contact Head Coach Ernest Cheung <u>cheunge04@gmail.com</u> or [Marcelle Arakaki at <u>marcelle808@gmail.com</u>].

<u>Volunteer Hours:</u> Please review our Team Parent Handbook for more information about volunteer hours and how each family will be charged at the end of our swim year quarter [Sept-Nov; Dec-Feb; March–May; and June-August] should your family be unable to meet the required volunteer hours.

**New Swimmer Referral Program:** When a new swimmer is referred by an HSC member [family is in good standing], that HSC member will have their next month's dues waived for their <u>first</u> swimmer.