HOLD HARMLESS WAIVER

It is my intent as a participant or swimmer competing/training in the Homewood Flossmoor Swim Club (HFSC) sanctioned activities, while participating during activities including but not limited to any pre-team or post-team activities, practices, or swim lessons with HFSC that I am agreeable to the following:
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 from:

- An outbreak of any and all communicable disease, including, but not limited to, the virus "severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)", which is responsible for Coronavirus disease (COVID-19) and/or any mutation or variation thereof:

In consideration of having the opportunity to participate as either a team member, student or competitor at location, and in acknowledging that I am aware of and willing to assume the risks associated with this activity, I hereby voluntarily agree to waive, hold harmless and indemnify Homewood Flossmoor Swim Club (HFSC) and its trustees, agents, volunteers and employees from any and all claims, demands and causes of action of any nature whatsoever arising out of ordinary negligence which I, my heirs, my assigns or successors may have against them for, on account of, or by reason of my participation in the above activities. I indicate agreement to this hold harmless elective noted below.

Printed Name (Parent/Guardian):_____
Printed
Minor Swimmer(s): _____
_____
_____

Signature
(Parent/Guardian): _____

Date: _____

HOMEWOOD-FLOSSMOOR SWIM CLUB (HFSC), Inc.
Swimmer Registration – 2025-2026 Fall-Winter Season

☐ New HFSC Swimmer ☐ Returning HFSC Swimmer

PLEASE PRINT LEGIBLY.

Swimmer Information:

Last Name	First Name	MI	Gender	Birth Date	Age
Last Name	First Name	MI	Gender	Birth Date	Age
Last Name	First Name	MI	Gender	Birth Date	Age

Communication with parents regarding Club activities is very important. Please complete all contact information below and notify the Membership Director of any updates to the information throughout the season to ensure you receive timely updates. Thank you.

Parent/Guardian _____ Parent/Guardian _____

Address _____ Address _____

City/State/Zip _____ City/State/Zip _____

Cell Phone _____ Cell Phone _____

Primary (used to log into Team Unify)
Email Address _____ Secondary
Email Address _____

In the event of an emergency practice cancellation, etc., please list the cell phone contact number you would like to be contacted at:
_____

In situations of separation/divorce, please indicate with whom the child/children reside: _____
Phone information and mailings should be directed to: Both [ ], or _____
If this swimmer has been on *another* swim team, please answer the following:
List, with *dates,* this swimmer's
Previous swim team affiliation_____
Is this swimmer currently registered with USA Swimming? _____Date of the last USA Athlete Registration_____

LIABILITY AND WAIVER STATEMENTS

Please read the following liability and waiver statements. Then sign the acknowledgment.

LIABILITY STATEMENT. Parents or guardians of HFSC swimmer(s) are liable for any damage to property or injury to individuals caused by their swimmer(s) at the Homewood-Flossmoor High School or at any facility or venue the Homewood-Flossmoor Swim Club visits in any capacity.

WAIVER STATEMENT. As the parent or guardian of one or more participants in the swimming clinics and/or swimming season of the Homewood-Flossmoor Swim Club (HFSC), I realize and acknowledge that there exists possibilities of physical injury, and I agree to assume the full risk of any and all injuries, damages or losses which my swimmer(s) may sustain or receive as a result of participating in any and all activities connected with or associated with the HFSC. I agree to waive and relinquish any and all claims against the HFSC and its' officers, agents, servants and employees I, or my swimmer(s) may sustain or receive as a result of our participating in the HFSC program. I agree to waive and relinquish any and all claims against the HFSC and its' officers, agents, servants and employees from injuries, damage or loss which may accrue to me, or my swimmer(s) as a result of our participation in the HFSC program. I further agree to indemnify and hold harmless and defend the HFSC and its' officers, agents, servants and employees from any and all claims sustained by me or my swimmer(s) arising out of, connected with, or in any way associated with the HFSC program.

ACKNOWLEDGMENT. I have read and fully understand the above liability and waiver statements. I fully understand all program details, including parent's or guardian's liability and parent's or guardian's waiver and release of all claims. I understand the responsibilities and risks involved in participating in the HFSC program.

Name of Swimmer(s)_____Date_____

Parent/Guardian Signature_____

FEES

HFSC swimmers pay two different mandatory fees.

(1) USA Swimming Athlete Registration Fees: ALL HFSC swimmers ***must*** be registered with USA Swimming. Swimmers must pay the full USA Swimming Athlete registration fee (**TBD by USA SWIMMING**) electronically. Instructions will be sent once we receive the swimmer's team registration form. This registration includes a secondary insurance benefit and expires at the end of the 2026 calendar year.

(2) HFSC Swimmers Fees: Swimmer fees are the team's main source of revenue and the largest single expenditure a parent will make. **In-District refers to those swimmers who live in the Homewood Flossmoor High School District. Out-of-District refers to all swimmers who live outside of the Homewood Flossmoor High School District. Please pay the appropriate fee.**

IN-DISTRICT FEES:	**OUT-OF-DISTRICT FEES:**
$875.00	**$925.00**

PAYMENT OPTIONS

☐ Check/Cash for the entire amount

☐ ZELLE: hfswimclubzelle@yahoo.com

☐ VENMO (payment link: Ct-Hfswim)

☐ Payment Plan

1st Payment due at Registration	$450
Final Payment due on or before December 6	Remaining Balance

☐ Extended payment plan on request and approval. Contact Treasurer, Carry Tenny, jctenny@sbcglobal.net

***Balance must be paid in full no later than December 5, 2025. All accounts must be current for swimmer to participate in team functions practice, meets, outings). If account is past due, swimmer(s) will not be allowed to participate in ANY team function if payment is more than 5 practice days late. Fees will be assessed for late payment: 5 days $10, 6-10 days $25, 10+ days $50.**

HFSC officers only

Date _____
Swimmer Fee _____
Payment Type:
Cash/Check/VENMO/ZELLE (circle) _____
Balance Due _____

☐Code of Conduct ☐ Emergency Medical/Parental Consent