



# Hub Fins Aquatics

## Registration

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Swimmer Name: \_\_\_\_\_

Gender: male \_\_\_\_\_ female \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Cell: \_\_\_\_\_ email: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Cell: \_\_\_\_\_ email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Cell: \_\_\_\_\_

Important medical Information about my child (allergies, special needs, etc):

\_\_\_\_\_

\_\_\_\_\_

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### PHOTOGRAPHY/VIDEO PERMISSION

I do \_\_\_\_\_ do not \_\_\_\_\_ give permission for my child to be photographed or videoed by Hub Fins, and the resulting photographs may be used for any purposes they deem proper including social media. I relinquish all rights, title and interest in the finished photographs.

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I have received a welcome packet and agree to the following policies:

- Withdrawal Policy
- Parent Expectations
- Swimmer Code of Conduct
- Parent & Spectator Guidelines: swim practice; outside of practice; swim meets
- On-deck cell phone policy

Parent/Guardian Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

| <b>Training Group</b> | <b>Fees</b> | <b>Training Schedule</b>  | <b>Additional Swimmer<br/>Family Discount</b> |
|-----------------------|-------------|---|---|
| <b>Developmental</b>  | \$50        | <b>Mon &amp; Thu- 3:45-4:30</b>                                   | \$45  |
| <b>Novice</b>         | \$75        | <b>Mon-Thu- 3:45-4:30</b>   | \$70  |
| <b>Age Group I</b>    | \$85        | <b>Mon-Thu- 4:30-5:30</b>   | \$75  |
| <b>Age Group II</b>   | \$95        | <b>Mon-Thu - 4:30-5:30<br/>Fri- 4:00-6:00</b>                     | \$85  |
| <b>Senior</b>         | \$120       | <b>Mon-Thu- 5:30-7:30<br/>Fri- 4:00-6:00<br/>Sat- 10:00-12:00</b> | \$110   |

Training Group: \_\_\_\_\_

Monthly Fee: \_\_\_\_\_

Registration Fee:           \$35          

Total: \_\_\_\_\_

Please submit your first payment including fees listed above in the form of a check made payable to Hub Fins to the coaching staff in between practice sessions.

**ALL HUB FINS PROGRAM FEES ARE DRAFTED ON THE 1st OF THE MONTH**  
**Payments may be made online using Visa or MasterCard or by check. All questions**  
**about billing should be emailed to: [hubfinsbooks@gmail.com](mailto:hubfinsbooks@gmail.com)**

**Permission from enrollment and release of Hub Fins from liability:**

I am an adult over 18 years of age and wish to participate in activities and/or I give my child(ren) permission to participate in Hub Fins activities. I understand that even when every reasonable precaution is taken, accidents can sometimes still happen. Therefore, in exchange for Hub Fins allowing me or my child to participate in Hub Fins activities, I understand and expressly acknowledge that I release Hub Fins and it's staff members from all liability for an injury loss or damage connected in any way whatsoever to my (or my children's) participation in Hub Fins activities. I understand that this release includes any claims based on negligence, action or in-action of Hub Fins, it's staff, Parent Board, and any other team members. I have read and am voluntarily signing this authorization and release.

Parent/Guardian Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_