



SWIM TEAM AGREEMENT

Parent Name	Email	Account #
Home Address	Home Phone	
City	Work Phone	
State	Cell Phone	
Zip Code	Provider	
Swimmer 1 Name	Date Of Birth	
Swimmer 2 Name	Date Of Birth	
Swimmer 3 Name	Date Of Birth	

Registration	\$
Monthly	\$
Monthly	\$
Monthly	\$
Total	\$

PROGRAM DETAILS

\$100 Yearly Registration per swimmer

<p>Bronze</p> <p><input type="checkbox"/> \$191/Month (3x week)</p> <p>Mon/Wed/Fri 5:00 - 6:00 PM</p>	<p>Silver</p> <p><input type="checkbox"/> \$226/Month (5x week)</p> <p>Mon/Tue/Wed/Thu 6:00 - 7:00 PM</p> <p>Fri 5:00 - 6:00PM</p>	<p>Gold</p> <p><input type="checkbox"/> \$338/Month (5x week)</p> <p>Mon 7:00 - 9:00 PM Tue 7:00 - 8:30 PM Wed 5:30 - 6:30 PM Dryland Wed 7:00 - 8:30 PM Thu 7:00 - 8:30 PM Fri 6:00 - 7:30 PM</p>	<p>High School Rate (Fall/Winter) <small>(must be given permission by Chris or Mike)</small></p> <p><input type="checkbox"/> Option 1 \$25/Month Hold team spot. No meets or practices</p> <p><input type="checkbox"/> Option 2 \$50/Month Attend meets only</p> <p><input type="checkbox"/> Option 3 \$70/Month Attend 1 practice per week & meets</p>
--	---	---	--

Dues and Termination Policy (30 day notice in writing or via email) Initial: _____

- All Swim memberships are month to month with automatic renewal. Monthly dues are processed on the 20th of each month for the upcoming month. (February dues are processed January 20th etc.) Swimming privileges may be suspended if your dues are in arrears. Members of the Dedham Health Hydra team must e-mail intent of termination to the head coaches **and** billing department (slempert@dedhamhealth.com). *This notice of termination must be received 30 days prior to the effective date of membership termination, or your monthly charges will continue.* At no time will a refund of the registration fee be made. DHAC will notify all members of any changes in club policy by posting such changes 45 days in advance.

