



## **SWIM TEAM AGREEMENT**

Parent Name	Email	Account #	
Home Address	Home Phone		
City	Work Phone		
State	Cell Phone		
Zip Code	Provider		
		Registration	\$
		Monthly	\$
Swimmer 1 Name	Date Of Birth	Monthly	\$
Swimmer 2 Name	Date Of Birth	wontiny	>
		Monthly	\$
Swimmer 3 Name	Date Of Birth		
		Total	\$

### **PROGRAM DETAILS**

### \$100 Yearly Registration per swimmer

Bronze □ \$191/Month (3x week) Mon/Wed/Fri 5:00 - 6:00 PM	Silver \$226/Month (5x week) Mon/Tue/Wed/Thu 6:00 - 7:00 PM Fri 5:00 - 6:00PM	Gold □ \$338/Month (5x week) 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	High School Rate (Fall/Winter) (must be given permission by Chris or Mike) Option 1 \$25/Month Hold team spot. No meets or practices Option 2 \$50/Month Attend meets only Option 3 \$70/Month Attend 1 practice per week & meets
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### 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 20<sup>th</sup> of each month for the upcoming month. (February dues are processed January 20<sup>th</sup> 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.



# SWIM TEAM AGREEMENT



### WAVIER:

#### **Informed Consent**

Initial:

- I, the undersigned, wish to participate in the exercise and recreational programs offered by DHAC. I understand that there are inherent risks in participating in a program of strenuous exercise. I warrant and represent that I have been physically examined by a medical physician of my choice within the last one (1) year past of the date signed here and to the best of my knowledge am able to participate in this program without restrictions. If restrictions exist, I will provide in writing, an outline of those restrictions as stated by my medical practitioner. I also agree to notify DHAC of any change in my physical condition, which may in any way affect my ability to participate in DHAC programs.
- Any dispute, controversy or claim arising under, out of, or relating in any way to this contract and any subsequent amendments of this contract, its formation, validity, binding effect, interpretation, performance, breach or termination, as well as non-contractual claims, shall be referred to and finally determined by arbitration in accordance with the rules of the American Arbitration Association, and not by a court action. Member hereby waives any and all right to a jury trial with respect to any dispute, controversy or claim.

Release of Imag	e and Likeness	(Photo & Video	) Initial:	

I hereby waive my rights to remuneration regarding the photographing and/or video filming of me while utilizing Dedham Health & Athletic Complex. I understand and acknowledge that photographs and/or video filming may appear in training videos, marketing of other products of Dedham Health and Athletic Complex. I grant permission to utilize any such photograph and/or video film of me taken while using Dedham Health & Athletic Complex. I waive the right to inspect, approve or edit any such use or reproduction, and Dedham Health & Athletic Complex may make any and all changes, modifications, rearrangements, additions or deletions in its use or reproductions without any approval.

### **Swim Team Policies**

- 1. All swimmers must register through Dedham Health Hydra website, <u>www.dedhamhealthhydra.com</u>
- 2. All parents must sign the parent participation agreement. It can be found on our website under documents.
- 3. All parents and swimmers must sign the code of conduct. It can be found on our website under documents.
- 4. All swimmers must provide proof of age and address. (copy of passport or birth certificate)

### I agree to Pay the Monthly Fee of \$\_\_\_\_\_ on a recurring basis beginning the month of \_\_\_\_\_\_, 20\_\_\_\_\_,

I authorize my bank to make payment directly to DHAC and post it to my account. I am aware that it is my responsibility to keep this information current and that if the above account cannot be accessed for any reason, I will be charged a \$25.00 return fee. EFT changes must be made by the 15<sup>h</sup> of the month, prior to when fees are due, in order to avoid the \$25.00 fee. In order to avoid possible kickbacks, DHAC will advance credit card expiration dates when necessary.

I have read this Agreement thoroughly and understand all of its terms, received a copy if I request it, and have knowingly and voluntarily signed it. IF THE PARTICIPANT IS UNDER 18 YEARS OF AGE: I, the undersigned parent or legal guardian of the participant, hereby execute the foregoing for and on behalf of the participant.

Signature				Date									
			EF	EFT AUTHORIZATION FORM					If my EFT is returned I am responsible for a \$25 fee				
□ Visa □ M/C □ Amex	🗆 Che	cking A	cct. (a	attach d	check)	1 <sup>st</sup> tra	ansfer w	vill be o	on	/20 <sup>tl</sup>	<u>h/</u>		
Account #: ///////	_/	_/	_/	/	/	/	/	/	/	/	/	/_	
Expiration Date:	_/	/_			CVV:								
Signature:			<u> </u>				Date:						