



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		
Swimmer 2 Name	 Date Of Birth	Monthly	\$
		Monthly	\$
Swimmer 3 Name	Date Of Birth		
		Total	\$
Swimmer 4 Name	Date Of Birth		

PROGRAM DETAILS

\$100 Yearly Registration per swimmer

Bronze ☐ \$191/Month (3x week) Mon/Wed 4:45 - 6:00 PM Fri 5:15 - 6:30 PM	Silver □ \$226/Month (5x week) Mon/Tue/Wed/Thu 5:45 - 7:00 PM Fri 5:15 - 6:30 PM	Gold □ \$338/Month (6x week) Mon 5:30 - 6:30 PM Dryland Mon 6:45 - 9:00 PM Tue/Wed/Thu 6:45 - 8:30PM Fri TBD Dryland Fri 6:30 - 8:00 PM Sun 6:30 - 8:00 AM (see schedule)	High School Rate (Fall/Winter) (must be given permission by Chris) ☐ \$80/Month Hold team spot Attend all meets One practice per week
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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 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 <u>and</u> 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.



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WAVIER:

Informe	d Co	nsent Initial:
-	parti the I restr my p Any form dete	undersigned, wish to participate in the exercise and recreational programs offered by DHAC. I understand that there are inherent risks in cipating in a program of strenuous exercise. I warrant and represent that I have been physically examined by a medical physician of my choice within ast 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 ictions 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 hysical condition, which may in any way affect my ability to participate in DHAC programs. dispute, controversy or claim arising under, out of, or relating in any way to this contract and any subsequent amendments of this contract, its ation, validity, binding effect, interpretation, performance, breach or termination, as well as non-contractual claims, shall be referred to and finally rmined by arbitration in accordance with the rules of the American Arbitration Association, and not by a court action. Member hereby waives any angular trial with respect to any dispute, controversy or claim.
Release	of Ir	nage and Likeness (Photo & Video) Initial:
-	unde Athle the r	beby waive my rights to remuneration regarding the photographing and/or video filming of me while utilizing Dedham Health & Athletic Complex. I erstand and acknowledge that photographs and/or video filming may appear in training videos, marketing of other products of Dedham Health and etic Complex. I grant permission to utilize any such photograph and/or video film of me taken while using Dedham Health & Athletic Complex. I waive ight to inspect, approve or edit any such use or reproduction, and Dedham Health & Athletic Complex may make any and all changes, modifications, angements, additions or deletions in its use or reproductions without any approval.
Swim 1	Геаг	n 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 authorize	my b	y the Monthly Fee of \$ on a recurring basis beginning the month of, 20 Tank 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 ant cannot be accessed for any reason, I will be charged a \$25.00 return fee. EFT changes must be made by the 15h of the month, prior to when fees
are due, ir	orde	r to avoid the \$25.00 fee. In order to avoid possible kickbacks, DHAC will advance credit card expiration dates when necessary.
voluntar	ily s	this Agreement thoroughly and understand all of its terms, received a copy if I request it, and have knowingly and gned it. IF THE PARTICIPANT IS UNDER 18 YEARS OF AGE: I, the undersigned parent or legal guardian of the participant at the foregoing for and on behalf of the participant.
Signatur	e	Date
		EFT AUTHORIZATION FORM If my EFT is returned I am responsible for a \$25 fee
☐ Visa Accour		M/C Amex Checking Acct. (attach check) 1 st transfer will be on/20 th /

Date: _____

Expiration Date: ____/____ CVV: _____

Signature: