



Dedham Health & Athletic Complex
200 Providence Highway
Dedham, MA. 02026
781 - 326 - 2900

Dedham Health Hydras Parent Participation Agreement

1. By signing this form you are committing your swimmer(s) for either the entire swim season.(*short course beginning in September or long course beginning in April*). Tuition fees are NON-REFUNDABLE. Should a swimmer decide to discontinue participation, outstanding fees are still due and need to be paid in full.
2. If a swimmer is moved to a different training group during a season, tuition fees will be adjusted accordingly and families are responsible for paying the difference upon the time of the move.
3. Parents are allowed to observe practices but must remain in the designated seating area. Interrupting the coaching staff during scheduled practice hours is strictly prohibited.
4. Meet entry fees are in addition to tuition. Once a meet entry is submitted to the hosting team, you are financially obligated for these fees regardless of whether your swimmer participates in the meet.
5. It is the Head Coach's sole discretion when it comes to the event each swimmer competes in. (This includes relays).
6. All families are expected to volunteer in some capacity.
7. All swimmers are required to read and sign the Dedham Health Hydras Code of Conduct and abide by all policies within.
8. All swimmers are required to purchase necessary practice equipment and apparel as determined by the head coach.
9. All swimmers are required to be available and participate in end of season championship meets, including relays.
10. Each parent and swimmer is responsible for understanding the contents of the Team Handbook.
11. Members must recognize that we are guests of the Dedham Health & Athletic Complex for the sole use of the pool and in some instances, fitness equipment. The club is a member only facility and Hydras members must be respectful of all club employees, staff and the facility itself. Any damages incurred by a swimmer to club property will be the financial responsibility of the swimmer's family.

I understand and agree to the above terms and conditions of the Dedham Health Hydras Swim Club and authorize my child(ren) to participate in the program.

Parent/Guardian Printed Name Signature

Date