



**Rainier Foothills Swim Team
2024-2025 Registration Packet**

Swimmer

Parent/Guardian

Cell Phone

Address

Parent/Guardian

Cell Phone

Address (if different)

Email

Please send all of the required documents electronically to:

rfst.headcoach@outlook.com AND rfst.treasurer@outlook.com

Packet Contents

Please fill out and return these documents

- 1. Dues & Registration**
- 2. Medical Release Form**
- 3. Drop Off/Pick Up Agreement**
- 4. Medical History Questionnaire**
- 5. Photo Consent Form**
- 6. MAAPP Acknowledgment**

USA Swimming Dues & Registration

Required Fees:

Fee	Due	Amount
USA Swimming Registration	Upon Registration	\$86
RFST Monthly/Quarterly Dues	Monthly/Quarterly	Varies by group

Dues & Payment Options

Roster Group	Monthly Rate	Quarterly Rate
Bronze	\$135	\$390
Silver	\$155	\$450
Gold	\$165	\$480
Platinum 1	\$175	\$510

RFST is a non-profit cooperative of parents, coaches, and swimmers. We work on a tight budget, so please make sure you pay your dues by the 1st of each month. Failure to pay on time will result in a \$10 late charge. After two weeks with no payment another \$10 late fee will be applied. Falling more than a month behind may result in swimmers being ineligible to participate in practice and meets.

Quarterly dues will be made in January, April, July, and October. **Quarterly payments will not be prorated if a swimmer decides to move down a group mid-quarter. Changes will be made at the start of a new quarter. If moved up a group mid-quarter rates will be adjusted for remaining months of that quarter.**

Monthly/Quarterly rates are subject to change due to pool rent and other circumstances.

By signing below you agree to making all payments on-time and acknowledge the penalties that may occur if payments are not made.

Signature of Parent/Guardian

RFST Medical Release Form

If, _____ (Print Swimmers Full Name) is injured while participating in programs offered by RFST:

1. I, the parent or guardian of the above-named swimmer, agree to waive any legal claim against USS (United States Swimming), PNS (Pacific Northwest Swimming), and RFST (Rainier Foothills Swim Team).
2. I give consent for RFST to provide medical/athletic training attention, transportation, and emergency medical services as warranted.

If injured while traveling to or from programs offered by RFST via public, private, or any other means of conveyance, I agree to waive any legal claims against USS, PNS, and RFST. By signing this release, I swear that the above-named swimmer is in good physical condition and that I am not aware of any disease or injury that would result in him/her being injured during any program participation.

Signature of Parent/Guardian

RFST Drop Off/Pick Up Agreement

RFST is not responsible for swimmers prior to or after scheduled swim practices. Parents **DO NOT drop off your swimmer(s) at the pool more than 15 minutes prior to practice.** Parents need to pick up their swimmer(s) **NO MORE THAN 15 minutes after a practice.**

I understand that RFST is not responsible for swimmers prior to or after scheduled swim practices.

Signature of Parent/Guardian

RFST Medical History Questionnaire

Swimmer: _____
Last First Middle

Parent/Guardian: _____
Last First Middle

Date of Birth: _____ Age: _____ Sex: _____

Home Address: _____
Street City/State Zip

Phone Information:

Phone Contact 1: _____ Phone Contact 2: _____

Emergency Contact: _____
Name Relation Phone

Please circle either YES or NO to the questions below. Provide additional information when requested.

1. Are you **ALLERGIC** to any medications (aspirin, penicillin, etc.)? Yes No
If yes, list all medications _____

2. Do you take any prescribed medication on a permanent or semi-permanent basis (antibiotics, anti-inflammatory, etc.)? Yes No

List and give reason:

3. Have you ever had an epileptic seizure? Yes No

4. Have you ever been told by a doctor that you have epilepsy? Yes No

If ye, list medications _____

5. Have you ever been treated for diabetes? Yes No

If yes, list all medications_____

6. Have you ever been told by a doctor that you have asthma? **Yes** **No**

If yes, list all medications_____

7. Have you ever had a neck injury involving bones, nerves, or discs that disabled you for a week or longer? **Yes** **No**

Type of injury_____ Date_____

8. Will you wear glasses during practice or competitions? **Yes** **No**

9. Do you have any other conditions we should be aware of (heart, lung, kidney, liver disease, back, knee, shoulder problems, food or insect allergies)? **Yes** **No**

Explain:

The questions on this form have been answered completely and truthfully to the best of my knowledge.

Signature of Parent/Guardian

RFST Photo Consent Form

I grant Rainier Foothills Swim Team the right to take photographs of me and/or my child in connection with Club experiences at home and away games. I authorize the Club, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that the Club may use such photographs of me and/or my child in connection with the Club for any lawful purpose, including, for example, such purposes as publicity, illustration, advertising, and web content.

I have read and understand the above and DO NOT grant my permission ☐

I have read and understand the above and grant my permission. Team Name ☐

Swimmer Name

Signature of Parent/Guardian

WRITTEN ACKNOWLEDGEMENT OF POLICY

***RAINIER FOOTHILLS SWIM
TEAM***

I acknowledge that I have received (via a link on the team website under “Safe Sport”), read and understood the Minor Athlete Abuse Prevention Policy. I further acknowledge and understand that agreeing to comply with the contents of this Policy is a condition of my membership with Rainier Foothills Swim Team (USA Swimming member club).

Name: _____

Signature: _____

Date: _____