



SEAL Team Registration Form 2024-2025



____ New Member

____ Renewal

Swimmer's Information:

First Name: _____ Middle Name: _____ Last Name: _____

Preferred Name: _____

DOB (mm/dd/yyyy): _____ Age: _____ Sex: M or F

Primary-Email address: _____ Primary-Phone: _____

School Enrolled in: _____ District: _____ Grade: _____

Parent / Guardian Information:

Mother's/Guardian Name: _____

Work Phone: _____ Cell Phone: _____ Email: _____

Father's/Guardian Name: _____

Work Phone: _____ Cell Phone: _____ Email: _____

Home Address: _____

City: _____ State: _____ Zip: _____

EMERGENCY CONTACT INFORMATION:

Name of Contact: _____ Relation: _____ Number: _____

Please indicate any special / medical condition that may affect the swimmer's performance or that you feel the coaching staff should be aware of: _____

Class Schedules & Fees

Seal Pups:

Monday - Thursday: 4:45 – 5:30 p.m. Cost: \$50.00 Cost: \$40.00 MS* Cost: \$30.00 HS* _____

Seals (Bronze):

Monday - Thursday: 5:30 – 6:30 p.m. Cost: \$50.00 Cost: \$40.00 MS* Cost: \$30.00HS* _____

Seals (Silver & Gold)

Monday - Thursday: 5:30 – 7:00 p.m. Cost: \$80.00 Cost: \$40.00 MS* Cost: \$30.00 HS* _____

* If your Swimmer is an HCISD Middle & High School swimmer, we will honor the \$40 or \$30/per month rate.

Team Family Discounts: 1st Swimmer at full Price 2nd Swimmer and on \$10 OFF Full Price~

~Exception to Family Discount: If your swimmers are at the \$40 or \$30 rate, the discount does not apply.

New Member Pkg: T-Shirt, Swim Cap, Towel, & Water Bottle Cost: \$ 60.00 _____

**2025 Registration (will expire Dec. 31st of 2026) (Flex: \$30 or Premium: \$90) Cost: \$USA Fee (Pd online)

Wellness discount available for Immediate Family Members (18 & Over)

For HCISD Aquatic Center Use only:

Tested by: _____ Group: Pups Seals Coach: _____ Grand Total: _____ USAS: _____ Reg: _____

Receipt # _____ Amount Paid: \$ _____ Date Pd: _____ Form of Pmt.: _____ Remind: _____



HCISD's SEAL Team Registration Form



Special SEAL Team Note: *This application entitles the SEAL Team member to membership and limited access to the HCISD Aquatic Center, in which the applicant is a participant. The access is limited to the designated times for HCISD SEAL Team Program, in which the applicant has requested membership. In addition, access may be limited if, other HCISD programs/competitions conflict with the HCISD SEAL Team Program's schedule. Applicant understands that it will not be entitled to any refunds due to limited access. All membership fees must be paid by the 5th of each month. For the safety and well-being of all members all changes to this application must be done so within 24 hours. I understand that by paying all fees related to any HCISD SEAL Team Program **I will not be entitled to any make-ups or refunds.***

Initials: _____

Medical Release Form

In signing, I am confirming my child's enrollment with HCISD's Aquatic Center SEAL Team Program and that I will not hold liable Harlingen CISD for any injuries incurred.

I hereby authorize HCISD Aquatic Center staff to provide my child with medical care and treatment and emergency medical services associated with participation in this program. In addition, I agree to pay all costs associated with any medical treatment or transportation deemed necessary. I further authorize the release of any medical information necessary to process a claim for accident/medical payment insurance for an injury or illness incurred while participating as a member of the HCISD Aquatic Center SEAL Team Program.

I agree to save and hold harmless Harlingen Consolidated Independent School District, HCISD Aquatic Center or their respective coaches, officers, directors, agents, representatives, or employees for any and all damages that may be sustained or suffered by my child in connection with, or arising out of my traveling to, participating in, and returning for any HCISD Aquatic Center SEAL Team program. I also agree to indemnify and hold harmless the Harlingen Consolidated Independent School District, HCISD Aquatic Center and all related entities for any damages incurred arising from any claims, demand, action or clause of action by my child's participation.

In the event that my child is injured or should require medical attention, I hereby authorize HCISD Aquatic Center staff, coaches or a HCISD Aquatic Center representative to secure necessary medical treatment.

Swimmers Name

Parent/Guardian (Printed Name)

Parent/Guardian Signature

Date



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_____ New Member Only

New Member's Package Information:
Price of Package \$60

- ☐ Towel
- ☐ Water Bottle
- ☐ Swim Cap
- ☐ T-Shirt

Size: YS YM YL AS AM AL AXL AXXL

Phone: _____

