

**HICKAM HURRICANE PARENT ASSOCIATION  
SWIM TEAM MEMBERSHIP AGREEMENT**

Please fill out completely:

Date: \_\_\_\_\_

Full Name of swimmer (First, Middle, Last): \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Swimmer's Date of Birth: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Full Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Father's Work/Cell Phone: \_\_\_\_\_ Mother's Work/Cell Phone: \_\_\_\_\_

Father's e-mail: \_\_\_\_\_ Mother's e-mail: \_\_\_\_\_

Current Registered USA Swimmer? Yes \_\_\_\_\_ No \_\_\_\_\_

Previous Swimming Experience: \_\_\_\_\_

**PARENTS:** When your child joins the team, you automatically become a member of our support group, the HICKAM HURRICANES PARENT ASSOCIATION.

**Please read and initial the following membership agreement information.**

\_\_\_\_\_ I understand that my child will receive a two-week free trial period to see if this sport is what he/she really wants to do. Once this trial period is over, I will pay the prorated balance for the rest of the month.

\_\_\_\_\_ I understand there is a \$20 startup fee, which will include a team T-shirt and Cap.

\_\_\_\_\_ I understand the billing period is from the first of the month to the last day of the month, with payment due by the 15<sup>th</sup> of the month.

\_\_\_\_\_ I understand there is a \$10 late fee if payment is not received or postmarked by the 15<sup>th</sup> of the month.

\_\_\_\_\_ I understand that if my child has an extended illness or decides to be placed on inactive status, I will pay \$5/month to keep his/her account open. I will give the treasurer a minimum of two weeks notice in writing. (Via purple logbook on deck) Inactive status is limited to 30 days. If inactive for more than 30 days, when swimmer returns he/she may be placed on a waiting list and re-evaluated for group placement.

\_\_\_\_\_ I understand that the team will hold approximately four fundraisers each year, for example; hosting swim meets, car wash, team garage sale, swim-a-thon, etc. Each team family is expected to participate in 10 hours of parental volunteer service to the team during these fundraisers and/or through other duties per season. These hours are recorded by the parent (Notebook on deck) and routinely tracked by the Volunteer Chairperson. Any remaining volunteer hours not completed will incur a charge of \$5/hour, billed at the end of each season. Please see the club handbook for additional areas of service.

\_\_\_\_\_ I understand that I need to sign the No-Show book at least 5 days before the meet if my swimmer is NOT able to compete in a meet the team is attending.

\_\_\_\_\_ I understand that I need to give two weeks written notice of termination from the team to the treasurer (red logbook on deck) and take care of my account at this time.

\_\_\_\_\_ I give permission to place my families' information on the swim teams roster.

(Please circle all that apply) names, address, email and phone number.

\_\_\_\_\_ I give permission to place my swimmers photos on the web site without names associated with the photo.

\_\_\_\_\_  
Parent

\_\_\_\_\_  
Board Member/Coach

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**Team Use Only**

Two week trial start date: \_\_\_\_\_ Membership date: \_\_\_\_\_

Registration Fee: \_\_\_\_\_ USA Swimming ID: \_\_\_\_\_ Group: \_\_\_\_\_