

**2018 CFYN SPRING & SUMMER PROGRAMS
REGISTRATION AND EMERGENCY MEDICAL FORM**

Last Name: _____ First Name: _____ MI _____

Address: _____ City: _____ Zip: _____

Age: _____ Birth Date: ____/____/____ Gender (circle one): Male Female

Did you swim for Tigersharks in the 2017/2018 short course season? (circle) Yes No

T-shirt Size _____

Circle the price of the program(s) you are signing up for.

Please note these are the only options available, we will not be able to prorate fees based on late starts or due to vacations. All swimmers are required to be registered USA Swimming members.

Program	Cost	Booster Subsidy *	Subsidized Cost
Spring Stroke Clinic	\$65	(-15)	\$50
Spring Only Long Course	\$125	(-25)	\$100
Beginner Long Course – Spring & Summer	\$320	(-75)	\$245
Beginner Long Course – Summer Only	\$260	(-50)	\$210
Advanced Long Course – Spring & Summer	\$460	(-100)	\$360
Advanced Long Course – Summer Only	\$380	(-75)	\$305
Evening Short Course Practice (summer)	\$65 (without long course)	N/A	\$50 (as a CFYN long course add-on)
USA Registration (does not apply to swimmers who are already registered with USA swimming)	\$45.00	N/A	N/A

*** Subsidy applies ONLY to swimmers whose immediate family had a Tigershark registered in the 2017/18 Short Course season and the family participated in the fundraising efforts.**

Total Cost: _____ **Payment Plan? (circle) Yes N**

Payment Plans:

For the Spring & Summer combo program or for multiple swimmers we will offer payment plans dividing the cost into 3 equal monthly payments. 1st payment due at registration, second payment on May 1st, and third payment on June 1st.

Parent/Guardian Information:

Mother's Name: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Father's Name: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Primary e-Mail: _____ Secondary e-mail: _____

Emergency Information:

Emergency Contact: _____ Phone: _____

Physician's Name: _____ Phone: _____

Preferred Hospital Name: _____ Phone: _____

List any medical conditions/medications: _____

LIABILITY WAIVER AND CONSENT FOR MEDICAL TREATMENT

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by above named doctors or in the event the designated preferred practitioner is not available, by another licensed physician or dentist and (2) the transfer of the child to any hospital reasonable accessible. The authorization does not cover major surgery, unless the medical opinions of two licensed doctors or dentists, concurring in the necessary for such surgery are obtained prior to the performance of such surgery. Please list facts concerning the child's medical history including allergies, medications being taken, and any physical impairment to which a physician should be alerted.

Club Official Use Only	
<input type="checkbox"/> Total fees owed	_____
<input type="checkbox"/> Escrow Deposit	_____
Total Received:	_____
Check Number/Cash	_____

(Signature of Parent/Guardian)

(Date)

Escrow Account Agreement:

Swimmers/Parents are responsible for all meet fees incurred. These fees will be charged to your escrow account. We recommend an initial escrow deposit of \$50 at the time of registration. Additional funds can be deposited by placing a check made out to CFYN Tigersharks in the treasurer's mailbox at Akron, or by requesting an on-line invoice to pay with a credit card. At the end of the season if you have money left over you may leave it in escrow to be used in the next season, or you can request a check for reimbursement. If any funds remain dormant in your account for 2 years after the last transaction those funds will be considered a donation to the Tigershark Swim Boosters. If your account is negative you will be considered to not be in good standing with the team and will not be eligible to sign up for additional Tigershark programs until payment arrangements are made. The booster club reserves the right to pursue collection activity on negative accounts as it deems appropriate.

(Signature of Parent/Guardian)

(Date)