



Non Member 2020 Swim Team Application

Parent's names: _____

Address: _____

Home Phone: _____ **Father's work/cell:** _____

Mother's work/cell: _____ **Additional phone numbers:** _____

Email address to contact you for meet sign ups, directions, etc.

Which three numbers, in priority, are the best should we need to contact you during the morning practice from 8:00 – 10:00 am?

(1) _____ (2) _____ (3) _____

Which three numbers, in priority are the best should we need to contact you during an evening meet usually 5:00 – 8:00 pm or Saturdays from 7:30 am – 12:00 pm?

(1) _____ (2) _____ (3) _____

Alternate emergency name, address and phone number

May we publish your name, your home phone/address and your child's name & age in a team roster to be used and distributed only within the team and only for team purposes?

Yes _____ **No** _____

Fees for non-members of the Heron Bay Community Association will be \$175.00 per child. Fees will include 1 Team T-Shirt per swimmer and league dues, but does not include the cost of swim suits, team meet swim caps and an equipment pack which each swimmer will need. Any fees for the optional district and state meet are also not included. Additional T-shirts for parents/siblings may be ordered for \$15.00 each. The equipment pack will include one pair of goggles, one plain latex swim cap for practice, and a kick board all packaged in a mesh drawstring pack. It will be necessary for this equipment pack to be brought to each practice.

The team will accept children from the ages of 5 – 18 years of age. No swim team experience is necessary, but your child should be able to demonstrate basic swimming skills and be required to swim the length of the pool. If you are new to the team this year, or unsure of your swimmer's ability, we will be evaluating prospective new members at 4:30 pm on Monday, May 18, 2020. If you are unable to make this date and time, please call 770-472-5959 to schedule a time for your swimmer's evaluation. If your swimmer is unable to demonstrate the skills necessary to be on the swim team, we can provide swimming lessons to teach the needed skills.

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Swimmer's Name	Sex	Age On 6/1/20	Birth Date	Swim Suit Size	Tshirt Size/ Y or A	Shoe Size for Fins	Fees
1.							
2.							
3.							
4.							
Male Monogrammed Jammer \$48.00 x _____ (# ordered)							
Female Monogrammed Suit \$60.00 x _____ (# ordered)							
Custom Caps 2 per swimmer @ \$5.00 each or \$10.00 total							
Equipment Pack \$45.00 each x # of Packs _____							
Additional Parent/Sibling T Shirts # _____ x \$15.00 each							
Oversized Swim Towel with Heron Bay logo and Swimmers First Name Monogrammed @ \$35.00 each. Swimmers Name:							
Sub Total							
8% Sales Tax on Apparel Items (No tax on registration Fees)							
Total							

Please make check payable to Advanced Aquatics. If you would like to mail in your fees and completed application, please mail to 11948 Turner Road, Hampton, GA 30228. If you would like to use a debit or credit card, please fill in the information below:

CREDIT CARD: Visa, Mastercard or Discover

																SIC Code:	Exp Date:
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Authorized Signature for Credit Card: _____

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By signing below, you acknowledge that:

- (1) As a Parent, volunteering for meets is a requirement for your child's membership. Usually this means one parent from each family working at least three meets.**
- (2) Your child can not swim until we receive a properly signed liability release and medical release.**
- (3) You will be responsible for how your child gets to and from practices and meets, and their conduct at all swim functions.**
- (4) Only the registered swimmer is allowed in the pool at Heron Bay, siblings and other Family members must remain on the pool deck in designated areas during swim team Practice and swim meets.**
- (5) As a non-member of the Heron Bay Community Association, you will be required to Leave the pool area once practice is over and remain outside of the fenced area.**

Signature _____ **Date** _____

Please let us know of any vacation dates that will require your child to miss swim meets and or practice:

Are there any special concerns or medical problems or conditions which might affect your child's ability to swim or that the coaches need to be aware of?

Any additional information regarding your child that you feel the swim coach should be aware of:



2020 Swim Team Liability and Medical Release

Please print all information except signature

Swimmer's Name(s), First, Last and Middle Name

1. _____

2. _____

3. _____

4. _____

Name of Parents/Guardians: _____

Address: _____

Phone Numbers (home, work, cell):

The purpose of this release is to consent to and authorize participation on the Heron Bay Community Association swim team ("Swim Team"). The Swim Team will train and teach competitive swimming and allow swimmers to represent the Swim Team in competition. All Swim Team participants are required to abide by the rules and regulations of the Heron Bay Community Association, Inc. ("Association") regarding use of the recreational facilities, including the Heron Bay Lodge and pool. Swim Team participants and spectators will be required to govern themselves in a sportsmanlike manner. The undersigned is aware that participation on any swim team is potentially hazardous. No one should participate on the Swim Team unless he or she is medically able. The undersigned assumes all risks associated with participation on the Swim Team including, but not limited to, death or injury from water-related activities and transportation to and from such activities. Having read this release, in consideration of the Association allowing participation as a Swim Team member, the undersigned, for themselves and anyone entitled to act on their behalf, release Advanced Aquatics, LLC, The Heron Bay Community Association, Swim Team sponsors, Swim Team organizers, Swim Team instructors and coaches, Swim Team volunteers, drivers for Swim Team events and their affiliates, officers, directors, shareholders, employees, members, agents, representatives, and successors from all claims or liabilities of any kind arising directly or indirectly out of any act, omission or negligence relating to Swim Team participation and transportation to and from any Swim Team related activity. This release applies to present and future claims, whether known or unknown, and whether foreseen or unforeseen. This release shall benefit persons or entities released pursuant to the release, even though some of such persons or entities are not specifically named in this release.

Signatures:

Parent/Guardian (signature required) _____ **Date:** _____

Swimmer (signature requested) _____ **Date:** _____

**Advanced Aquatics LLC
PHOTO RELEASE
For Families, Parents and Members of the
Heron Bay Community Association Swim Team**

I hereby grant Advanced Aquatics, LLC permission to use my likeness in a photograph or other digital reproduction in any and all of its publications, including website entries, without payment or any other consideration.

I understand and agree that these materials will become the property of Advanced Aquatics, LLC and will not be returned. I hereby irrevocably authorize the Advanced Aquatics, LLC to edit, alter, copy, exhibit, publish or distribute this photo for purposes of publicizing its programs or for any other lawful purpose.

In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photograph. I hereby hold harmless and release and forever discharge Advanced Aquatics, LLC from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

I am 18 years of age and am competent to contract in my own name. I have read this release before signing below and I fully understand the contents, meaning, and impact of this release.

(Signature)

(Date)

(Printed Name)

If the person signing is under age 18, there must be consent by a parent or guardian, as follows:

I hereby certify that I am the parent or guardian of _____, named above, and do hereby give my consent without reservation to the foregoing on behalf of this person.

(Parent/Guardian's Signature)

(Date)

(Parent/Guardian's Printed Name)