

BNSC Team Registration Form

Test Date _____ Trial Dates _____ Official Start/Billing Date _____

Email address:#1 _____ #2 _____

***You will receive E-bills for monthly tuition and meet fees. \$60 ISI/Insurance fee must be paid, and registration form returned to Coach prior to Official Start Date.**

Parents: Mother: _____ Father _____

Primary Address: _____

Phone Numbers: Mother: H _____ W _____ C _____

Father: H _____ W _____ C _____

Swimmer 1: _____ / /

First Name Last Name Middle Initial Group Birthday

Swimmer 2: _____ / /

First Name Last Name Middle Initial Group Birthday

1.) Please list previous swimming experience below *if* coming from another Team.

A) Name of team _____ B) Amount of Time on Team _____

C) Four Legal Strokes: Yes or No. D) Yardage or intervals/details _____

2.) You must own Cap & Goggles. No specific cap/goggles required for practice.
You must practice in a racing suit. No Trunks (boys), or two piece suits (girls).

3.) I have read the team information, and have communicated my questions about the items below before **Officially starting**.

___ **Team Philosophy**

- Punctuality - importance
- No parents on deck
- Meets (& Volunteering)

___ **Communication**

- Parent Support Contact
- Booster Club
- Web FAQ's/ E-mail

___ **Fees**

- Tuition (e-bills) & \$60 ISI
- Equipment required
- USA Meet Fees

4.) List any medications, allergies, or medical conditions (**including seizures**) below.

5.) No refunds or credits. There may be a late fee assessed for late tuition or meet fees. You will be required to volunteer at 3-4 local swim meets in the summer, and both home meets during the school year which are fundraisers for the team.

6.) ISI registration is required. \$60 fee. Competition at meets is expected. Practice times could change, especially in the Spring when all the high school kids have returned to BNSC. Practice times and training groups are subject to change.

Waiver: *I understand Items 1-6. Also, we assume all responsibility and liability for my child/children and myself without regard to fault while at ISU's Metcalf Pool, Normal West Pool, other practice facilities, or any swim meet venue. I further agree to release all facilities and their employees from all claims and liabilities arising from participation in, or attendance at practice or a swim meet. BNSC staff has my permission to give CPR and first aid, if necessary. I give permission to have pictures from practice/meets/functions posted on the team website. I have listed all medications & medical conditions.*

Parent Signature: _____

Thank you for understanding the importance of keeping all this information accurate.