

WHO IS RESPONSIBLE FOR PAYMENT OF DUES _____

ADDRESS OF RESPONSIBLE PARTY _____

CITY _____ STATE _____ ZIP _____ PHONE (____) _____

RELATIONSHIP OF RESPONSIBLE PARTY TO SWIMMER

AUTHORIZATION

I hereby give consent for my child(ren) to participate with Hays Swim Club, Inc. In consideration of being permitted to participate as a member of the Hays Swim Club swim team, I hereby release, discharge and agree to hold harmless the Hays Swim Club, Inc., and it's coaches, members of the Board of Directors, it's volunteers, it's agents and it's employees, together with it's successors and assigns, from any and all liability for injuries to property or person suffered as a result of participation as a member of the Hays Swim Club. I give the club authorization to apply for United States Swimming memberships for my child(ren).

I agree that it is the swimmers', their parents/guardians', or designated representatives responsibility to provide transportation to, from and during any program of the Hays Swim Club and that any transportation provided by representatives of Hays Swim Club, Inc. is not being provided on behalf of Hays Swim Club, Inc., and is strictly voluntary on the part of the person providing that transportation.

I agree to and will sign the following: "Terms and Conditions for Participation in the Hays Swim Club, "Medical Release", "Honor Code" (return one for each swimming), and "Swim Meet Contract". I also have read and understand the "2007/2008 Fee Structure". I understand that all these forms constitute a legally binding contract.

SIGNATURE / RELATIONSHIP TO SWIMMER DATE

SIGNATURE OF PARTY RESPONSIBLE FOR DUES DATE

APPLICATIONS CANNOT BE ACCEPTED WITHOUT BOTH APPLICABLE SIGNATURES

NEW APPLICANTS-PLEASE COMPLETE THIS SECTION

HIGH SCHOOL TEAM Y OR N IF YES, TEAM _____

SUMMER SWIM TEAM Y OR N IF YES, TEAM _____

USA SWIM TEAM Y OR N IF YES, TEAM _____

DATE OF LAST USA COMPETITION? _____

BEST TIMES: PLEASE SPECIFY SHORT COURSE YARDS, SHORT COURSE METERS, LONG COURSE METERS

FREESTYLE 50 _____ 100 _____ 200 _____ 400/500 _____ 800/1000 _____ 1650/1500 _____

BACKSTROKE 50 _____ 100 _____ 200 _____ BREAST 50 _____ 100 _____ 200 _____

BUTTERFLY 50 _____ 100 _____ 200 _____ I.M. 100 _____ 200 _____ 400 _____

Office Use Only					
USS REG FEE	HSC REG FEE	MONTHLY DUES	1ST PMT AMT	GROUP ASSIGNED	CURRENT DATE