

Swimmer Name: _____

Guardian Name: _____

Parent Board Approval:

Spring Clinic _____ **Swim Season** _____

Swans Parent Checklist 2024

Every Swimmer must have **all completed paperwork and money turned in** in order to enter the water. **No Exceptions.**

For Spring Training/Clinic (starting April 8th):

- Swimmer Registration & Medical Form
- Waiver & Release of Liability/Publicity Release Authorization Form
- Registration Fee for Spring Clinic

For 2024 Swim Season (starting April 22nd):

All the above, PLUS

- Registration Fee for Swans 2024 Swim Season (*or payment plan in place*)
- \$250 Family Volunteer Hours Deposit Fee/Check
(**not cashed** unless required volunteer hours are not completed by end of season)
- Swimmer's Contract Packet
(Attendance, Code of Conduct, Social Networking, Handbook Form)
- Completely filled out Vacation Calendar (note *None* for no planned absences)
- Sign up for Spond App for the Sunrise Swans w/at least **(1) Guardian with access**

**All registration fees are non-refundable.

2024 SUNRISE SWANS PAYMENT & FEE STRUCTURE FORM

Registration for Spring Training/Clinic: \$100 (or \$50/week)

Registration for Regular Season:

All Swimmers \$375

Sibling Discount \$25 off / Sibling

First swimmer pays full price, discount is applied to each additional sibling.

Early Registration Discount for Returning Swimmers \$25 off / Swimmer

Discount is applied to all swimmers registered and paid for **by April 11th**

Deposit For Family Volunteer Hours: \$250 **(only accepted by Check)**

This check will NOT be cashed unless you do not meet the minimum 20 hours of parent volunteering duties. If you do not plan on volunteering during the season please indicate this and we will deposit your check at the beginning of the season and not bother you to volunteer (NOTE: we would prefer your time rather than your money, however we understand this is not always feasible for all families).

Payment Plan Available for Season Registration: For More Info, contact Treasurer

Scholarships:

While the Sunrise Swans have no funding for scholarships available at this time, swimmers and families can take it upon themselves to use business sponsorships for their registration fees (sponsorship request letter is on the following page). Depending on the donation amount Companies/Donors will be included in our team sponsorship program as detailed on the Sunrise Swans website (see Sunriseswans.org for details).

*** Refer a Friend** who signs up for clinic or season and you get a fun \$5 Gift Card

**Make checks payable to Sunrise Swans
Or Venmo Accepted**

2024 Sunrise Swans Swimmer Registration Form

Please be sure to fill out **both sides/pages (2)** of this form completely:

Swimmer Info

Name _____ Birthdate _____

Swimmer Cell _____

Address _____

T-SHIRT SIZE: _____

My swimmer has permission to sign themselves out at the end of practice.

Parent Initials _____

Parent/ Guardian Info

Parent Guardian

Name _____

Cell Phone _____ Alt. Phone _____

Email _____

Other Parent Guardian

Name _____

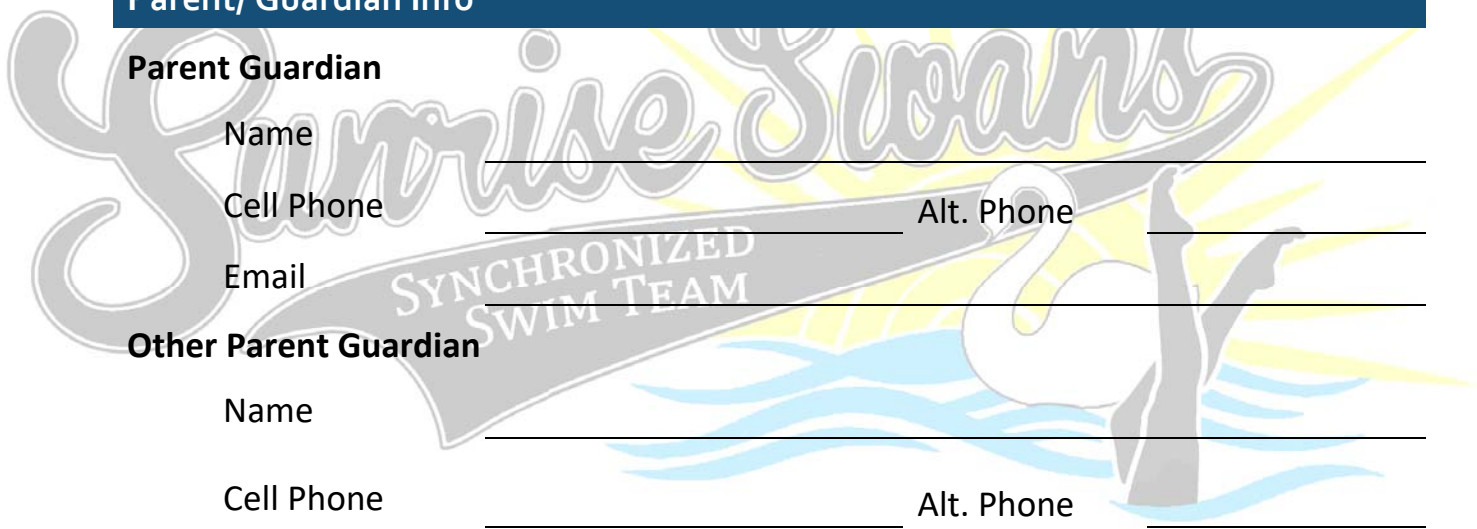
Cell Phone _____ Alt. Phone _____

Email _____

Alternate Emergency Contacts

Name _____ Phone _____

Name _____ Phone _____



2024 Sunrise Swans Swimmer Registration Form

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Insurance Information

Company _____ Group _____

Primary Member _____

Medical Information

Physician _____ Phone _____

Address _____

Hospital _____ Phone _____

Dentist _____ Phone _____

Known Medical Conditions / Allergies: _____

Authorization To Render Emergency Care: (Check the desired action)

In the event of an accident or emergency, the undersigned hereby authorizes a representative of the Sunrise Swans Synchronized Swimming Team, including coaches, lifeguards, and parents volunteers/chaperones, to make such arrangements as he/she considers necessary for the swimmer to receive medical care from an emergency medical team or to be transported to medical facility for further treatment by any licensed physician while the swimmer is under the supervision of the team.

I/We do not choose the above option for the following reason:

Parent / Guardian

Signature _____ Date _____

Sunrise Swans Synchronized Swim Team 2024 Waiver and Release of Liability

In consideration of being allowed to participate in the Sunrise Swans Synchronized Swim Team events, activities, or programs, I've knowledge and agree that:

1. I understand that I/ my child or ward will be engaging in travel and activities that involve the risk of serious injury, including permanent disability and death, severe social and economic losses and other loss including damage to property.
2. I knowingly and freely assume all such risks.
3. I, for myself, my minor child or ward, and on behalf of my and their heirs and assigns, release, waive, discharge and covenant not to sue Sunrise Swans, it's officers, agents, employees, and sponsors as well as its affiliate clubs, from any and all liability for any and all claims, demands, losses or damages on account of injury, including death and damage to property, whether caused by negligence or otherwise.

This is to certify that, as swimmer (18+) / parent/guardian of this participant, I do consent to his/her waiver and release as set forth above and also agreed to assume all such risks and to waive the right to sue the releases.

Name of Swimmer

Signature of Parent/ Guardian / Swimmer 18 +

Print Name

Date

Sunrise Swans Synchronized Swim Team 2024 Publicity/Media Release Authorization

I, hereby give permission to have my child's picture and name printed in any publicity, website, or media for the purpose of promoting the Sunrise Swans Swim Team.

Name of Swimmer

Signature of Parent/ Guardian / Swimmer 18 +

Print Name

Date