

## 2024-2025 REGISTRATION FORM

HURON HURRICANES



### 1. SWIMMER INFORMATION

Swimmer Last Name: \_\_\_\_\_ Swimmer Given Name(s): \_\_\_\_\_

Gender:  M  F Date of Birth (DD/ MM/YY): \_\_\_\_/\_\_\_\_/\_\_\_\_ Returning HHAC swimmer:  Y  N

Street Address \_\_\_\_\_ Town \_\_\_\_\_ Postal Code \_\_\_\_\_

Contact Email(s) \_\_\_\_\_ / \_\_\_\_\_

**NOTE:** Swimmers MUST be able to swim two lengths of the 25m pool independently.

### 2. SWIMMER SCHEDULE AND FEES

Families will choose their swim days and locations based on their Swim Level and the schedule below. Please check each of the days your child would like to swim. Please note that the fee structure is different for the Vanastra and Goderich pools. A swimmer's practice lane is based on pace and skill, not age or Category. Please review policies and procedures found on the HHAC website.

The sessions offered for Categories 1 and 2 swimmers are tentative depending on registration numbers. Some swimmers may be moved to a different session day to best utilize pool lanes and coaching staff. Swimmers in Category 1 require a caregiver to remain on deck during the entire practice.

Swim Level	MONDAYS VANASTRA	TUESDAYS GODERICH*	WEDNESDAYS VANASTRA	THURSDAYS GODERICH*	SATURDAYS VANASTRA	Total pool fees (Club use only)
<b>Category 1 (Pre-competitive)</b> 1 1-hour session / week		<input type="checkbox"/> 5 - 6pm <b>\$200</b>	<input type="checkbox"/> 5:30-6:30pm <b>\$250</b>	<input type="checkbox"/> 5 - 6pm <b>\$200</b>	<input type="checkbox"/> 8 - 9 am <b>\$225</b>	
<b>Category 2 (Pre-competitive)</b> 2 1-hour sessions / week		<input type="checkbox"/> 5 - 6pm <b>\$200</b>	<input type="checkbox"/> 4:30-5:30pm <b>\$250</b>	<input type="checkbox"/> 5 - 6pm <b>\$200</b>	<input type="checkbox"/> 7 - 8am <b>\$225</b>	
<b>Category 3 (Pre-competitive)</b> up to 3 2-hour sessions / week		<input type="checkbox"/> 4:45-7pm <b>\$300</b>	<input type="checkbox"/> 4:15-6:30pm <b>\$350</b>	<input type="checkbox"/> 4:45-7pm <b>\$300</b>	<input type="checkbox"/> 6:45-9am <b>\$315</b>	
<b>Category 3 (Competitive)</b> up to 3 2-hour sessions / week	<input type="checkbox"/> 4:45-7pm <b>\$400</b>	<input type="checkbox"/> 4:45-7pm <b>\$385</b>	<input type="checkbox"/> 4:15-6:30pm <b>\$450</b>	<input type="checkbox"/> 4:45-7pm <b>\$385</b>	<input type="checkbox"/> 6:45-9am <b>\$290</b>	
<b>Category 4 (Competitive)</b> 4 2-hour sessions / week	<input type="checkbox"/> 4:45-7pm <b>\$400</b>	<input type="checkbox"/> 4:45-7pm <b>\$385</b>	<input type="checkbox"/> 4:15-6:30pm <b>\$450</b>	<input type="checkbox"/> 4:45-7pm <b>\$385</b>	<input type="checkbox"/> 6:45-9am <b>\$290</b>	
<b>Category 5 (Competitive)</b> 5 2-hour sessions / week	<input type="checkbox"/> 4:45-7pm <b>\$400</b>	<input type="checkbox"/> 4:45-7pm <b>\$385</b>	<input type="checkbox"/> 4:15-6:30pm <b>\$450</b>	<input type="checkbox"/> 4:45-7pm <b>\$385</b>	<input type="checkbox"/> 6:45-9am <b>\$290</b>	

**\*Please Note:** Goderich YMCA requires our swimmers to hold an Enhanced or Everything YMCA Membership in order to use the pool. YMCA Membership will be the responsibility of each swimmer. Financial Assistance is available through the YMCA if there is a financial barrier.

### SWIM ONTARIO/SWIMMING CANADA FEE

Swim Ontario (SO) /Swimming Canada (SNC) Fees are non-refundable and due at registration. These fees are in addition to HHAC registration costs.

Competitive Fees **\$169.05**

Pre-Competitive Fees **\$59.13** (All Pre-competitive swimmers will be invited to attend 1 swim meet near the end of the season. Participation is optional).

### FUNDRAISING FEE FOR CASH RAFFLE

**\$100** Fundraising fee gets you 10 raffle tickets which you may sell or keep. Draw to be held January 2025.

Additional tickets available on request. Watch for incentives for extra tickets sold.

Pool Fees \$ \_\_\_\_\_ + SO/SNC Fees \$ \_\_\_\_\_ + Fundraising fees **\$100.00** TOTAL= \$ \_\_\_\_\_

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Preferred Payment Schedule

Full payment at registration: total fees as calculated above.

E-transfer [hhactreasurer25@gmail.com](mailto:hhactreasurer25@gmail.com) (swimmer(s) name and level in comments)

Cheque # \_\_\_\_\_

7 monthly installments: dated today and October, 15, 2024 through March 15, 2025  
(SO/SNC fees, fundraising fee, & first month due at registration)

First payment total: \$ \_\_\_\_\_

Monthly total Oct 15-Mar 15: \$ \_\_\_\_\_

E-transfer [hhactreasurer25@gmail.com](mailto:hhactreasurer25@gmail.com) (swimmer(s) name and level in comments)

Cheque #'s \_\_\_\_\_

PLUS \$300.00 volunteer bond

Post-dated cheque June 15, 2025. Cheque will not be cashed if volunteer requirements are fulfilled). Cheque # \_\_\_\_\_

If a cheque cannot be provided, the \$300 bond will be paid at registration. The bond will be returned in full or prorated once volunteer commitment has been fulfilled.

3. VOLUNTEER REQUIREMENT

It is an expectation of the Club that all families contribute their time to ensure the efficient operation of the Club, and to maximize each swimmer’s experience as a Hurricane. The amount of volunteer time required is outlined in the points-based Family Participation Program.

More information on the Family Participation Program, including points requirements and volunteer opportunities, will be shared throughout the season.

4. EMERGENCY MEDICAL INFORMATION, AUTHORIZATION AND LIABILITY RELEASE

EMERGENCY CONTACT INFORMATION

Parent/ Guardian’s Name (1) \_\_\_\_\_ Phone \_\_\_\_\_

Parent/ Guardian’s Name (2) \_\_\_\_\_ Phone \_\_\_\_\_

Alternate Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

MEDICAL INFORMATION

Please list any medical condition(s) (i.e. asthma, allergy); medications (i.e. inhaler), or other health issues

\_\_\_\_\_  
\_\_\_\_\_

Does your swimmer carry and know how to administer their medication?  Y  N If no, who carries the swimmer's medication?

Name: \_\_\_\_\_

Contact number: \_\_\_\_\_

MEDICAL AUTHORIZATION

I, the undersigned parent / guardian of the above named swimmer hereby authorize and permit the Huron Hurricanes Aquatic Club, its directors, employees, coaches, volunteers and agents, to provide or obtain any emergency medical treatment necessary for the safety and well being of the said swimmer in the event that the above noted emergency contacts cannot be reached for authorization in a timely manner.

Parent/ Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

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### EMAIL AGREEMENT

During the swim season it is necessary for the club to contact members on a regular basis regarding swim meets, meetings and general club information. Communication within the club will be primarily through e-mail and only in exceptional circumstances will members be phoned about upcoming events. If you have any concerns about this policy please let an Executive member know at time of registration.

Your mailing address, phone number and email address will be published in the Executive's contact book, which is only made available to Executive members. Please notify the Executive if you change your address, email or phone number.

### PHOTO AND VIDEO AGREEMENT

The HHAC website and social media pages will provide up to date information on club events and swim meets. If you want to see results and pictures of swim meets and events, you will see them there.

We would like to post pictures from swim meets as a means of promoting and celebrating the Hurricanes.

The HHAC coaching staff utilize underwater video recordings as a training tool. When in use, video of your child swimming may be distributed to and viewed by coaches and other participants on the team.

- I agree to **allow** my child's photo to be used on the HHAC website and social media pages.
- I **do not** want my child's photo to be used on the HHAC website and social media pages.
  
- I agree to **allow** my child's swimming to be recorded and used as a training tool by HHAC coaches. Every effort will be made to limit the video shared to the individual being recorded.
- I **do not** want my child's swimming to be recorded on video training equipment during HHAC practices and do not consent to sharing any video that includes them.

### LIABILITY RELEASE

I, the undersigned, acknowledge that the Huron Hurricanes Aquatic Club assumes no liability arising from personal injury, damages or loss of personal property while involved in or associated with any Club activity. As well, I hold club members, coaching staff, administrators or duly authorized persons harmless from liability and hereby authorize the above to take actions they deem necessary to correct, or attempt to correct, any situation which has resulted in personal injury, property damage or loss of personal property while involved with any Club associated activity.

**Signature of Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature of Athlete** \_\_\_\_\_ **Date** \_\_\_\_\_

All information contained in this document shall be kept confidential and shall be used by the Huron Hurricanes Aquatic Club, its directors, employees, coaches, volunteers and agents for the purpose of swimmer safety, scheduling, and payment.