



The Nations Leading Learn to Swim Program

Sponsored by Team Genesis/LOVE Swimming

A Sports Ministry of Trinity Fellowship Church

2020-2021 "EASY 8 Steps" REGISTRATION & PAYMENT FORM

Step #1: Fill in all the blanks with all information requested (please print). One form per Student.

Name of Student: _____ M/F: ___ Race/Ethnicity: _____ Age ___ D.O.B. _____

Parent/Guardian: _____ Age: _____ Email: _____

Employer: _____

Address: _____ City/State/Zip: _____

Home Phone: _____ Cell: _____ Work: _____ Emergency: _____

Student T-Shirt Size (circle one): YS YM YL YXL AS AM AL AXL AXX AXXX AXXXX

List any Medical Condition, Medication, etc.: _____

Infants, Pre-School, School-Age, Adult, Private & Pre-Competitive (circle one)

Infant (6months – 3 years) classes are 15-20 minutes. Coach to Student ratio is 1:1

Pre-School (3 years – 5 years) classes are 20 minutes. Coach to Student ratio is a maximum 1:5

School Age (5 years – 18 years) classes are 30 minutes. Coach to Student ratio is a maximum 1:5

Adult (19+ years) classes are 30 minutes. Coach to Student ratio is 1:5

Private (3+ years including adults) classes are 30 minutes. Coach to Student ratio is 1:1

Pre-Competitive Swim Team (5 years +) classes are 45 minutes. Coach to Student Ratio is 1:20

Step#2: Select (circle) the program desired (Year-round Dates listed below)

2 – ½ hour classes combined are not recommended because ALL classes are technique (skill) driven.

We recommend students attend class at least one day a week to progress (you can select more days)

Pool Location and Training Dates listed for your Reference:

- ◆ Farmington Civic Center, Farmington, MO. – Monday, Wednesday & Friday's 6:00 p.m. – 7:00 p.m. Swim America Skill Level 3 or higher.

Class Times, Dates and Training Sites are ALL subject to change. Keep up-to-date on Swim Team communications.

Check with your Coach, Team Website: loveswimming.org (Daily) and Your Email (Daily) for Changes, Cancellations, etc.

Step #3: Fees Description (Check applicable):

___ 5 Classes \$75, ___ 8 Classes \$120 ___ 12 Classes: \$180 ___ \$125 for 5 private ½ hour classes our pool, ___ \$200 for 8 private ½ hour classes our pool ___ \$250 for 10 private ½ hour classes at our pool.

There is a non-refundable \$85 Registration Sign-up Fee per "New" Swimmer Registration Fee. After paying the New Swimmer Registration the 1st Annual Returning Registration Fee is \$85 due August 1st and Annually after that the 3rd +Annual Registration Fee is \$125.00 also due August 1st each year

Student Name as you would like to have it on the Swim America Award Certificate: _____

Step #4: Swimmer Information

- (1) Do you play school sports? ___ Which ones if yes: _____
- (2) How many days weekly do you want to train? ___
- (3) Do you attend public/private school? ___ If yes, what is the name of your school? _____

8144 Terre Bleue Drive * P.O. Box 345 * Bonne Terre, Missouri 63628 *

Office/Fax: 573-358-7727 * Office Cell: 573-366-0410

E-Mail: programs@loveswimming.org * Web Address: <http://www.loveswimming.org>

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Step #5: Progression System

For Pre-School, School-Age and Adult Program's, please circle what you think is the student's highest level of ability:

- ◆ Level 1 – Non Swimmer
- ◆ Level 2 – Ability to place head underwater
- ◆ Level 3 – Front Float\Back Float
- ◆ Level 4 – Front Float and Kick\Back Float and Kick
- ◆ Level 5 – Crawl arm stroke, no breathing
- ◆ Level 6 – Crawl arm stroke, with breathing
- ◆ Level 7-10 By Swim America staff evaluation only.

Step #6 Fee Worksheet, Payment Information, Signature & Date

5 Classes \$75.00 (minimum purchase)	_____	Group Classes
8 Classes \$120.00	_____	Group Classes
12 Classes \$180.00	_____	Group Classes
Private our Pool \$125 5-1/2 hr Classes	_____	
Private our Pool \$200 8-1/2hr Classes	_____	
LOVE Aid Donation (Assistance Fund)	_____	Sports Ministry Scholarship
Sign-up/Registration Fee \$ ___ X ___		*New (\$85) 1 st Annual (\$85) 2 nd +Annual (\$125)
Total Due	\$ _____	Amount Paid: \$ _____
Check ___ MasterCard ___ Visa ___ Discover ___	Card#: _____	
Signature: _____	Exp Date: _____	Security ID _____
Organization: _____	P.O. #: _____	
Check Routing#: _____	Check Account#: _____	Notes: _____

Please make all Fees payable to Trinity Fellowship Church

As a participant or as legal guardian in the Swim America program represented by this registration form, I agree to hold Swim America and its officers and agents free and harmless from any claim or expense that may arise due to my participation in this program.

Signature: _____ Date: _____

You can mail ALL registration and payment information to: Trinity Fellowship, P.O. Box 345, Bonne Terre, Missouri 63628 or you can make credit card and debit card payments on-line at shop.loveswimming.org. Fax or Email Program Sign-up and all Payment information to 573-358-7727 or programs@loveswimming.org

For Information on the Swim America Program Call 1-800-356-2722 or 573-358-7727

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Team Genesis/LOVE Swimming hosted Swim Meets & Swim America Program Participation requires:

- (1) All Swimmers sign and return this form along with the meet and or registration fees 7 days prior to the scheduled Personal Best Time Swim Meets, and other hosted swim meets and Swimming Programs.
- (2) All swimmers participating in Personal Best Time Swim Meets and other Hosted Swim Meets and Swim Programs are required to sign the waiver, release or liability and hold harmless agreement below.
- (3) No Refunds will be given for Team Travel Swim Meets Swim America Classes, Camps, Clinics & Practices. No Exceptions!

Step #7: Waiver, Release of Liability and Hold Harmless Agreement Minor Participants

In return for my child's (minor) participation in swim meets and swim programs hosted by Team Genesis/LOVE Swimming, I

- (1) Acknowledge that I understand the nature of the swim meets and swim programs', and believe that minor is qualified and in proper physical condition to participate. I further agree that if at any time, I or minor believes conditions to be unsafe with respect to Minor's physical condition, the equipment, or facilities, it shall be Minor's responsibility to, and Minor will, immediately discontinue participation in the swim meet and swim program.
- (2) Further acknowledge that the swim meet and swim program involves the risk of serious bodily injury (including the possibility of permanent disability, paralysis or death), which may be caused by (a) Minor's own action or inactions, (b) the actions or non-actions of others participating in the swim meet and swim program, (c) the condition of the equipment and/or facilities at which the swim meet and swim program is located, or (d) the actions or inactions of the entities and persons identified below; and I fully accept and assume all such risk and all responsibility for losses, costs, and damages Minor may incur as a result of Minor's participation in the swim meet and swim program.
- (3) Acknowledge that this is a Trinity Fellowship Sports Ministry sponsored swim meet and swim program and as such, all applicable regulations, policies, procedures and consequences as defined in the Ministry's athlete handbook will apply during the Minor's participation in this swim meets and swim programs.
- (4) Accordingly, I hereby release Trinity Fellowship Church, together with its directors, officers, employees, volunteers, and agents from all liability, claims, demands, losses, or damages arising out of Minor's participation in swim meets and swim programs; and I further agree that if, despite this release and waiver of liability agreement I, the Minor, or anyone on behalf of Minor or myself, makes a claim released in this agreement. I will indemnify and hold harmless each entity and person released herein from any and all litigation expenses, attorney fees, loss, liability, damage, or cost they may incur as the result of such claim.
- (5) Agree than in an emergency, any Trinity Fellowship Sports Ministry representative may transport or authorize the transportation of my child to a hospital/medical facility and I authorize any physician or other medical personnel to carry out any diagnostic procedures or emergency care deemed necessary. I understand that the cost of medical attention and ambulance are my responsibility.
- (6) Acknowledge that information about my child provided in this registration, program and swim meet sign-up may be used by a Trinity Fellowship Church Sports Ministry representative or any individual or organization identified by Trinity Fellowship Church Sports Ministry as needed in order to effectively execute this program.
- (7) Acknowledge that from time to time, a Trinity Fellowship Church Sport Ministry representative may photograph or videotape my child while he/she is involved in a swim meet and swim program activity. These photographs or videotape will solely be used by Trinity Fellowship Church Sports Ministry for the promotion and marketing of its Sports Ministry Programs and activities and will not be sold. I understand that it is my responsibility to notify Trinity Fellowship Church Sports Ministry in writing if I do not wish to have my child photographed or videotaped.

I have read this agreement as well as the regulations, policies, procedures and consequences as defined in the Trinity Fellowship Sports Ministry policies, fully understand its terms, and have voluntarily entered into this agreement of my own free will based only upon the terms and conditions included herein.

Date: _____

Swimmers/Parent Signature if swimmer is under 18 years _____

Swimmers Name– Swim Group/Birthdate/Current Age _____

Our water is rented. Therefore; Training Sites, Training Times, Training Days, and Training Dates are ALL subject to change based on pool usage and availability as set by the facility.

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Swim America Year-round Registration is Underway!

Registration Procedure

There is a high demand for Swim America classes, so early enrollment is encouraged. Classes are filled on first-come-served basis. **There is a 7 day window from class purchase date to class start date so sign-up today.**

- Payment is due at the time of registration and can be done on-line at <http://www.loveswimming.org> .
- Remember to indicate your requested dates and class times(s) on your registration form available on-line to for you to **print, complete and submit** to us.
- There is a non-refundable per swimmer Initial Registration/Sign-up Fee for New Swimmers of \$85. New Swimmers can register anytime during the Swim Season. On August 1st of each year ALL Swimmers must register for the “New” Season: 1st time returning swimmers Registration Fee is \$85 and 2nd+ year returning swimmers Fee is \$125.00. There is a \$75 late fee for returning swimmers registering after August 31st.

Refund & Make-up Policy:

No refunds. No exceptions. We rent pool space and pay for pool space based on our registrations.

Discipline Policy:

All disciplinary issues will be handled directly by the Swim America Program Director.

Swim America Swim Suit Information:

All Swim America swimmers are requested to wear Swim American Swimsuits, goggles and swim cap which can be purchased at our Swim Team Store at shop.loveswimming.org. A good swim suit can make learning to swim easier for young swimmers. Please remember to enter the student’s current measurement in inches in the “special instructions” section of your purchase order. **For females we need chest, waist & hip measurements. For males we need waist measurement only.** Suits will be given out at your class, please bring an extra swim suit on the first few days until your is received. We can also provide you with and encourage swim caps, goggles, training fins, snorkels, gear bag, training paddles, personal kickboard, etc. at our Swim Team Store at shop.loveswimming.org. Please see your coach if you have any questions before you purchase these items.

#8: How did you hear of us?

Existing Swim American Family Newspaper Internet Flyer Other

Please provide the name of the person who referred you (even if it is you if you already have at least 1 swimmer on our Team) so that we may send them a \$25.00 coupon if you purchase Group Swim America Classes & a \$50.00 coupon if you purchase Private Swim America classes. Remember, if you refer anyone who joins the Team, you will also receive a referral coupon.

Name (who referred you): _____ Email (who referred you): _____

Phone (of your referral): _____ Address (of your referral): _____

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