



## Carolina Synchro Club

2019 Fall Sea Stars Basics  
Registration Packet



Participant Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Address \_\_\_\_\_  
(Street Address) (City, State, Zip Code)

School: \_\_\_\_\_ Grade Level: \_\_\_\_\_

### COMMUNICATION INFORMATION

Primary Email: \_\_\_\_\_ Secondary Email: \_\_\_\_\_  
*(Communication about team information will be sent to all addresses listed)*

Home Phone \_\_\_\_\_

Mother/Guardian (Cell): \_\_\_\_\_ Father/Guardian (Cell): \_\_\_\_\_  
*(Please circle primary contact number)*

### ALTERNATIVE EMERGENCY CONTACTS

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

### MEDICAL INFORMATION

Please describe any significant or pertinent medical conditions that would prevent your swimmer from fully engaging in the synchronized swimming program.

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

Please list any food, medicine or other substances to which your child is known to be allergic:

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

*It is the parent/guardian(s) responsibility to contact carolinasynchro@gmail.com should the athlete's health change.*

**GENERAL RELEASES**

Participation release for: \_\_\_\_\_

By the enrollment of my child in this program, sponsored by Huntersville Family Fitness & Aquatics, I certify that I have disclosed to this facility and to the instructor any restrictions or conditions that may hinder myself and/or my child's participation in this program. In signing this waiver, I also give my permission for myself and/or my child to participate in all activities associated with this program, including those activities requiring or involving transportation. I furthermore hereby release, discharge and hold harmless Huntersville Family Fitness & Aquatics and its Synchro program, its employees, volunteers, instructors and contractors from all actions, claims demands and costs for any injury or illness suffered by myself and/or my child as a result of participation in this program and associated activities.

\_\_\_\_\_  
Participant Signature (Parent/Guardian if under age 18)

\_\_\_\_\_  
Date

**CONSENT TO PHOTOGRAPH, VIDEO OR QUOTE ATHLETE FOR NON-PROFIT USE**

Do you give permission for your child's photograph, video, quotations and/or information to be used for educational purposes and publications including: newspapers, radio, television, newsletters, photographic displays, and publications such as news releases, pamphlets, brochures, websites and flyers? We will not use child's name with picture unless we receive express permission from parent/guardian (as in the case of an interview).

\_\_\_\_ Yes      \_\_\_\_ No

\_\_\_\_\_  
Participant Signature (Parent/Guardian if under age 18)

\_\_\_\_\_  
Date

**MEMBERSHIP**

The Carolina Synchro Sea Stars Basic members will be charged a monthly due via a direct draft through Huntersville Family Fitness & Aquatics Center on the 1<sup>st</sup> of every month. This direct draft form is at the back of the registration packet, along with a Key Tag form to allow athletes to enter the building for practices.

We require a 30-day advance notice in writing to withdraw from the Carolina Synchro Club. Withdrawal from the program must be received via email at [carolinasynchro@gmail.com](mailto:carolinasynchro@gmail.com) by the 1<sup>st</sup> of the month prior (e.g., to withdrawal as of September 1<sup>st</sup>, notification must be received by August 1<sup>st</sup>)

**Please indicate:** HFFA Member Non-Member 2019 Sea Stars Basic Option 1 – Begins October 5th

- Saturday 11:00am-12:00pm
- October-December: \$75/month HFFA Members | \$95/month Non-Members

 2019 Sea Stars Basic Option 2 – Begins October 8th

- Tuesday 6:30-7:30pm
- October-December: \$75/month HFFA Members | \$95/month Non-Members

---

Parent/Guardian Signature

---

Date



## DIRECT DRAFT FORM

In order to provide you with direct draft as a payment option, Huntersville Family Fitness & Aquatics requires the following information and your authorization to provide you with this service.

**\*This form is used to start, update, or change your preferred payment method.**

Primary Member Name: \_\_\_\_\_

Mobile # : \_\_\_\_\_

Email : \_\_\_\_\_

\_\_\_\_\_ Membership       Program SYNCHRO

### Direct Draft Authorization

**\*\*Checking Accounts only**

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

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

Location of Bank : \_\_\_\_\_

Bank Account # : \_\_\_\_\_

Bank ABA (Routing #) : \_\_\_\_\_

### Credit Card Only

**\*\* ALL credit card payments will receive a \$5 convenience fee payment \*\***

Visa / MasterCard

Card # : \_\_\_\_\_ Expiration Date : \_\_\_\_\_

*To ensure the company has the correct information, I have provided a copy of a voided check that provides the same information as above. I also understand this information is confidential and will be kept as a part of my membership records. I will notify Huntersville Family Fitness & Aquatics if I change financial institutions, close my credit card, or change my credit card so that my drafts are not delayed. I understand I will incur a \$25 fee per delayed payment.*

Member Signature: \_\_\_\_\_ Date : \_\_\_\_\_

Staff Initials: \_\_\_\_\_



## Key Tag Registration

Dear Participant:

In an effort to better serve guests who train at Huntersville Family Fitness & Aquatics, we are issuing scan cards for each participant to gain access to the facility. The reasons are as follows:

- Safety and security of facility at all times.
- Gathering of emergency contact information for all user group members.
- Efficient tracking of facility usage.

✓ Participants are required to use their yellow key tag upon entry of the building. These tags are for entry to training only and do not allow unrestricted access to the facility. Access hours may be restricted to a training schedule.

Please take a moment to fill out the information below and return to the center desk at Guest Relations.

Date: \_\_\_\_\_

Team name: Carolina Synchro Group Name: \_\_\_\_\_

Do you currently have a key tag? Y N If you circled yes, what color \_\_\_\_\_?

Existing key tag number \_\_\_\_\_

Participants' First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Daytime Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Evening Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Male or Female Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact Phone #: \_\_\_\_\_

KEYTAG # \_\_\_\_\_

**\*Replacement tags are \$2 Key tags expire based on the time frame of training.**