

**Louisiana STORM Aquatics**  
**REGISTRATION AGREEMENT (Online Registration Available)**

**I. REGISTRATION INFORMATION**

FAMILY NAME: \_\_\_\_\_  
Last Mother Father

ADDRESS: \_\_\_\_\_  
Street

City State Zip E-mail Address

PHONE: \_\_\_\_\_  
(10-Digit#) Home Father's Cell Mother's Cell Additional Number

**SWIMMER #1**

NAME \_\_\_\_\_  
Last First Middle

NICKNAME: \_\_\_\_\_ T-shirt size \_\_\_\_\_

BIRTHDAY \_\_\_\_/\_\_\_\_/\_\_\_\_ AGE: \_\_\_\_\_ Returning \_\_\_\_\_ New \_\_\_\_\_  
(please check one)

SWIMMER'S SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_

Swimmer #1 Team Assignment: \_\_\_\_\_ (for office use only)

**SWIMMER #2**

NAME \_\_\_\_\_  
Last First Middle

NICKNAME: \_\_\_\_\_ T-shirt size \_\_\_\_\_

BIRTHDAY \_\_\_\_/\_\_\_\_/\_\_\_\_ AGE: \_\_\_\_\_ Returning \_\_\_\_\_ New \_\_\_\_\_  
(please check one)

SWIMMER'S SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_

Swimmer #2 Team Assignment: \_\_\_\_\_ (for office use only)

**SWIMMER #3**

NAME \_\_\_\_\_  
Last First Middle

NICKNAME: \_\_\_\_\_ T-shirt size \_\_\_\_\_

BIRTHDAY \_\_\_\_/\_\_\_\_/\_\_\_\_ AGE: \_\_\_\_\_ Returning \_\_\_\_\_ New \_\_\_\_\_  
(please check one)

SWIMMER'S SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_

Swimmer #3 Team Assignment: \_\_\_\_\_ (for office use only)

## II. AGREEMENT

The undersigned parent and Louisiana STORM Aquatics (STORM) agree as follows:

### 1. Dues

- (a) In consideration of the participation of the swimmer(s) in STORM competitive swim program, the Parent agrees to pay the dues for the Swimmer's practice level that are set forth on the attached Dues Schedule. Payment shall be made on a twelve-month basis. Monthly payment of dues shall be due and payable on the first day of each month.
- (b) If the Swimmer is transferred to a different practice team by the coaching staff, the difference in dues for the two practice levels shall be prorated for the remainder of the swim year.
- (c) If the Swimmer quits the swim program or is unable to continue participation in the program the swimmer is obligated to pay the dues installment for the month in which the Swimmer withdraws from the program.
- (d) If the monthly dues payment is not received in full by the 15<sup>th</sup> of the month, a late fee of \$25 per month will be assessed to the family's dues account.

### 2. Suspension.

- (a) If the monthly dues payment is not received in full by the last day of the month, a notice of delinquency will be mailed. If Parent shall fail to pay any delinquent dues or assessment, including late fees, within 14 days from the date of written notice of delinquency, the Swimmer shall be suspended from further participation in all STORM activities, including, but not limited to, practices and meets.
- (b) If Parent becomes delinquent in payment of dues or assessments because of financial hardship, he/she may apply for a waiver of late fees and suspension. A waiver may be granted by STORM if satisfactory arrangements are made for payment of the delinquent amounts.

### 3. Escrow.

- (a) Parent will make payments to the Swimmer's escrow account as required by STORM from time to time. Parent shall pay the required amount within 30 days from the date of the notice from STORM.
- (b) If Parent shall fail to make a required escrow payment within 30 days from the date of the notice from STORM, Swimmer shall not be entered thereafter in any meets until the required amount is paid in full.

4. **Team Assignments.** The assignment of the Swimmer(s) to a practice team shall be the decision of the coaching staff. An assignment may be modified during the swim year if the coaching staff believes a different practice team would be more appropriate for the Swimmer.

5. **Release of Liability.** Parent hereby releases STORM, its employees, officers, directors and volunteers and any facility used by STORM from any liability arising out of any injury to the Swimmer(s) which may occur while the Swimmer(s) is/are participating in the STORM swim program, including, but not limited to, practices, meets, travel trips, and other team activities, or while the Swimmer(s) is/are using facilities owned, leased or used by STORM.

6. **Swim Meets.** Each swimmer will be subject to a \$5 meet fee in addition to the LSC and host fees. There is no refund for meet fees. Each family must provide one adult volunteer for all meets where that family has a Swimmer entered to compete. Any family not fulfilling this requirement will be assessed a \$25 fee that will be due before the family will be allowed to enter in future meets.

7. **Fundraising Projects.** Revenue from fund raising constitutes a significant part of the STORM operating budget. STORM may ask parents to assist in finding sponsorships for the team to help purchase new equipment and assist with the operations budget.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

### III. FINANCIAL OBLIGATIONS & CONSIDERATIONS

#### 1. Registration Fees

There is a non-refundable annual registration fee of \$140 for all team members. This fee covers the USA SWIMMING Registration Fee. Registration fees must be paid before a swimmer is allowed to begin practice.

#### 2. Team Dues

The club offers each family a choice of three payment schedules.

Option 1		Option 2		Option 3	
September-August	\$1,320	September-August	\$1,320	September-August	\$1,320
Registration Fee	\$140	Registration Fee	\$140	Registration Fee	\$140
Discount	-\$240	Discount	-\$120		
Option 1 Plan Total	\$1,220	Option 2 Plan Total	\$1,340	Option 3 Plan Total	\$1,460
<b>Scheduled Payment(s)</b>		<b>Scheduled Payment(s)</b>		<b>Scheduled Payment(s)</b>	
Total 1-time Payment	\$1,220	Due at Registration	\$540	Due at Registration	\$250
		Due 1st of each month (8 installments)	\$100	Due 1st of each month (11 installments)	\$110

\*Remaining escrow balance will be returned at the end of the season or transferred to the next season

++ If a swimmer decides to take a leave of absence from the team for any duration in which dues were owed and not paid, the swimmer will subject to a \$120 reactivation fee and will be charged \$120/month for the remainder of the season.

#### 2. Payment Procedures

Dues should be paid on the first of each month.

- (a.) Automatic Credit Card Payments – Sign up with Coach Dale (no additional charge)
- (b.) Checks (\$5.00 surcharge per check unless using Option 1 payment plan) should be made payable to "Louisiana STORM". They can be handed to Coach Dale or mailed to:

Louisiana STORM  
ATTN: Dale Turner  
7 Corral Lane  
St. Rose, LA 70087

If dues are not paid by the tenth (10th) of the month, a late fee of \$25 will be assessed. If dues are 60 days delinquent, the family's swimmer (s) will no longer be permitted to participate in the program. **If there is a problem, please call Coach Dale.**

#### 4. USA SWIMMING Registration / Membership / Insurance

Every athlete who competes or practices in a USA SWIMMING sanctioned event must register with and become a member of USA Swimming, Inc. Renewable each year, **the registration fee is paid through the STORM registration fee.** Included with this registration is excess medical accident insurance that covers the athlete at any sanctioned event or supervised practice. The coaching staff will distribute any forms necessary for registration.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

**MEDICAL INFORMATION & EMERGENCY RELEASE  
(ONE PER SWIMMER)**

Swimmer's Name \_\_\_\_\_

Parents' Names: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Parent's Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

1. In the space provided below, list any pertinent health or medical information and instructions or special problems (allergies, tetanus booster dates, drug allergies, asthma, prescriptions, etc.)

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

2. Aside from yourselves, (the parents of the Swimmer), please indicate (in order), those individuals that you would like the coaches to contact should there be an emergency involving your child:

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

3. Swimmer's Doctor: \_\_\_\_\_ Phone \_\_\_\_\_

4. Swimmer's Dentist: \_\_\_\_\_ Phone \_\_\_\_\_

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I (we) hereby give our permission for \_\_\_\_\_  
to participate in practice and travel with Louisiana STORM to local and out-of-town meets throughout the current swim season. Although I expect all reasonable safety procedures to be followed, I will not hold the coaches of STORM nor any chaperone or volunteer working with or traveling with the group personally liable for any accident which may occur.

In case of a minor emergency (cuts, scratches, headache, etc.), I (we) give permission to the coaches or chaperones to treat these as they deem necessary. In the event of a more serious emergency, I give permission for it to be handled in the best manner as determined by the chaperones or coaches of STORM until I am able to be contacted.

**TO THE ATTENDING PHYSICIAN OR HOSPITAL:**

Permission is hereby granted for you at the discretion of the coaches or chaperons of STORM to perform whatever care is necessary for the welfare of my child until such time as you are able to reach me personally.

**INSURANCE INFORMATION (must be complete)**

Subscriber's Name (parent): \_\_\_\_\_

Insurance Company: \_\_\_\_\_

ID # \_\_\_\_\_

Group # \_\_\_\_\_

Insurance Coverage (i.e. medical, dental): \_\_\_\_\_

Insurance authorization phone number: \_\_\_\_\_

Preferred local hospital: \_\_\_\_\_

_____ Parent or Guardian Signature	_____ Date
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**AUTHORIZATION AGREEMENT FOR  
AUTOMATIC PAYMENTS**

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**SWIMMER NAME(S):** \_\_\_\_\_

**CREDIT CARD INFORMATION**

**NAME:** (as it appears on credit card) \_\_\_\_\_

**CREDIT CARD NUMBER:** \_\_\_\_\_

**EXP. DATE:** \_\_\_\_\_

**CVV:** \_\_\_\_\_

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I hereby authorize the Financial Institution named above to pay all the monthly charges owed on the above referenced account with Louisiana STORM Aquatics, LLC, by charging to the above referenced bank account (i) electronic fund transfer debits, (ii) credit card debits, or (iii) other account debits by and payable to the order of Louisiana STORM Aquatics, LLC. I agree that each payment shall be the same as if it were an instrument personally signed by myself, an authorized signer on the above referenced balance account, and that the amount will vary according to the balance of the above referenced account at the time of process. This authority will remain in effect until revoked by me in writing, in such time and in such a manner as to afford company and depository a reasonable opportunity to act on it, or until such time that the membership has been terminated following the provisions of the membership contract, and the account balance is 0.

**X** (sign as your credit card) \_\_\_\_\_

**Authorized Team Representative:** \_\_\_\_\_

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