



**TALLAHASSEE SERINAS
COMPETITIVE YEAR ROUND REGISTRATION
FORMS and POLICIES CHECKLIST**

TallahasseeSerinas@gmail.com | Serinas.org

Please ensure all document are completely filled out monies required attached, prior to turning in registration forms, otherwise swimmer will not be able to participate.

_____ *Tallahassee Serinas Athlete Registration Form*

_____ *Tallahassee Serinas Policies and Payments Options*

_____ *USA Synchro Membership Form*

_____ *Acknowledgement of Parent and Swimmer Handbook*

_____ *Check Payable to **Tallahassee Serinas** in the amount of **\$175***

_____ *Check Payable to Performance Enhancement Enterprise, based on billing option selected*

Registration Deadline is September 15, 2017
Please return all forms and payments to the Serinas Drop Box



ATHLETE REGISTRATION FORM

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ATHLETE INFORMATION

Last Name	First Name	Middle Initial
Mailing Address	City State	Zip Code
Date of Birth	Current Age	Sex
Athlete Email	Athlete Home Phone	Athlete Mobile Phone
Description of ANY Health Problems		

Athletes Form of Transportation Self Driver / Parent Driver / Carpool	Athlete Lives Primarily With Both Parents / Mother / Father / Other
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PARENT INFORMATION

Mothers Last Name	Mothers First Name	Mothers Middle Name
Mailing Address	City State	Zip Code
Mothers Home Phone	Mothers Work Phone	Mothers Mobile Phone
Mothers Email Address	Mothers Place of Employment	Best Method of Contact PHONE/EMAIL/TEXT

Fathers Last Name	Fathers First Name	Fathers Middle Name
Fathers Address	City State	Zip Code
Fathers Home Phone	Fathers Work Phone	Fathers Mobile Phone
Fathers Email Address	Fathers Place of Employment	Best Method of Contact PHONE/EMAIL/TEXT

Tallahassee Serinas Policies and Payments Options

1. The TALLAHASSEE SERINAS registration is for the “year round program”, which is a commitment September 1, 2017-August 31, 2018.
2. **ONLY** in the event injury or serious illness, which requires a swimmer to cease participation, will fees be pro-rated or refunded. A physician must support such injury or illness with signed documentation.
3. Participants must select **ONE** of the following payment options. Completely fill out the information in the column of the payment option you are selecting.
4. Complete acknowledgement section at the bottom of this form.

PAYMENT OPTIONS (Choose Only ONE)

QUARTERLY INVOICE OPTION	MONTHLY BANK DRAFT OPTION
<p>Invoices will be mailed from Performance Enhancement Enterprises quarterly and payment in full will be required at the beginning of each Quarter. If payment is not made within 30 days of the due date on the invoice, a 20% late fee will be assessed</p> <p>Quarterly Fee : Junior Olympic \$480 Quarterly Fee : Intermediate \$390 Quarterly Fee : Novice \$360</p>	<p>Payment will be made through a monthly bank draft between the 1st and 5th of every month. If the bank due to insufficient funds or a closed account returns the draft, a 20% late fee will be assessed.</p> <p>Monthly Fee : Junior Olympic \$160 Monthly Fee : Intermediate \$130 Monthly Fee : Novice \$90</p>
<p>Quarter 1: September, October, November Quarter 2: December, January, February Quarter 3: March, April, May Quarter 4: June, July, August</p>	<p>This draft will remain in effect until _____ (name of responsible party) notifies Terry Maul (Performance Enhancement Enterprises) in writing to cancel it in such time as to afford the financial institution a reasonable opportunity to act on it. Responsible Party named above, can stop payment of any entry by notifying my financing institution 3 days before my account is charged.</p>
<p>By my signature below, I am selecting the QUARTERLY BILLING OPTION, and I understand this commitment runs September 1, 2017-August 31, and 2018 for Tallahassee Serinas participation fees.</p> <p>Signature of Parent / Legal Guardian / Financially Responsible Party _____</p> <p style="text-align: right;">Date _____</p> <p>*** Include a check made payable to <u>Performance Enhancement Enterprises</u> for the REMAINDER OF THE CURRENT QUARTER ***</p>	<p>By my signature below, I am selecting the MONTHLY BANK DRAFT OPTION, and I understand this commitment runs September 1, 2017 – August 31, 2018. I authorize Performance Enhancement Enterprises (Terry Maul) and the Capital City Bank Group to initiate entries into my checking/savings account to cover monthly Tallahassee Serinas participation fees.</p> <p>Financial Institution _____</p> <p>Account Number _____</p> <p>Routing Number _____</p> <p>Signature of Account Holder _____</p> <p style="text-align: right;">Date _____</p> <p>*** Include a check made payable to <u>Performance Enhancement Enterprises</u> for ONE MONTH'S FEE ***</p>

USA SYNCHRO

MEMBERSHIP REGISTRATION



New Member Renewal

Choose One: Unaffiliated **Affiliated** Club Name: TALLAHASSEE SERINAS

→ _____ **N** **S** **E** **W**
*Last Name *First Name M.I. Zone

→ _____ () _____
*Address *City *State *Zip Phone

→ _____ **F / M** **Y / N**
*E-Mail Address *Date of Birth *Gender *U.S. Citizen

*required for registration

PLEASE SELECT FROM THE FOLLOWING:

Competitive Athlete \$100 (circle one: Master **Regular** Collegiate)

Athlete (year round) \$50 (circle one: **Recreational** Collegiate)

30-Day Trial Athlete \$15

*Professional \$100 (circle athlete type above)

Official Levels 1 & 2 \$50

Friends of Synchro \$35

**Life Member \$2,000

Instructor \$50

Upgrade (**indicate new membership and pay difference from old level to new plus \$3 upgrade fee**) \$ _____

* Membership includes a complimentary registration in any athlete category of membership. **Specify membership category.**
** Membership includes a complimentary registration in any other category of membership. **Specify membership category.**

Please help us with the following optional survey. We are required to report annually to the United States Olympic Committee on our membership's ethnic diversity and disabilities. We do not report on individuals, we only report statistics. The USOC uses these statistics to report to the United States Congress. Participation in this survey is strictly voluntary, however the more information we have from you our members, the better we can serve you with our programs.

- A. Do you have one of the following disabilities?
- No
 - Visually Impaired
 - Hearing Impaired
 - Physical Disability
 - Cognitive Disability
- B. Are you (Please check one)
- African American
 - Asian
 - Caucasian
 - Hispanic
 - Multi-Ethnic
 - American Indian or Alaska Native
 - Native Hawaiian or Other Pacific Islander
 - Other

WAIVER AND RELEASE OF LIABILITY

In consideration of being allowed to participate in any way in U.S. Synchronized Swimming ("USA Synchro") events, activities, or programs, I acknowledge and agree that:

1. I understand that I or (if the participant is a minor) 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 U.S. Synchronized Swimming, Inc., its 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.
4. If the participant is a minor, I consent to the collection of personal information regarding my child or ward through USA Synchro’s online Membership Management System, as "personal information" is defined in USA Synchro's On Line Privacy Statement.
 - a. I [do] [do not] consent to my child or ward, as applicable, being listed in the USA Synchro Directory.
 - b. I [do] [do not] consent to my child or ward, as applicable, receiving from USA Synchro electronic communications, such as an electronic newsletter, and information concerning programs and other opportunities offered by USA Synchro.
 - c. I [do] [do not] consent to allow USA Synchro to divulge information concerning my child or ward to third persons.

Opt-Out of Collection of Personal Information: The parent or guardian has the option to agree to the collection and use of the child's information without consenting to the disclosure of the information to third parties. USA Synchro shall not require a child to disclose more information than is reasonably necessary to participate in an activity as a condition of participation. The parent or guardian can review the child's personal information, ask to have it deleted and refuse to allow any further collection or use of the child's information. USA Synchro will change the contents of any personal information of a child maintained by USA Synchro at the request of the child, parent or guardian. In order to maintain membership for a person, regardless of age, USA Synchro must maintain certain personal information regarding the member. The parent or guardian understands that if s/he requests that such information be deleted from its online Membership Management System, USA Synchro will advise the participant that s/he cannot continue to be a member. You may find our privacy policy and the procedures for opting out under the membership section of www.usasynchro.org.

Emergency Contact Information: *please provide emergency contact info for each member*

Name: _____

Relationship: _____ Phone: _____

Participant’s Signature _____ Date Signed _____

Participant’s Name (Print) _____

**If athlete is less than 18 years of age, the parent or legal guardian must also sign.*

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

Parent/Guardian Signature _____ Date Signed _____

Parent/Guardian Name (Print) _____ Relationship _____

WAIVER AND RELEASE FORM MUST BE COMPLETED BY ALL MEMBERS EACH YEAR

If you are under the age of 18 or your Club Representative is signing you up for membership, please give a copy of this form to your Club Representative.

◆ I am registering _____ for participation in the TALLAHASSEE SERINAS “year round” competitive swim program. I have read and understand the policy and payment options.

Signature of Parent / Legal Guardian / Financially Responsible Party

_____ Date _____

◆ I understand the annual fees (whether paid quarterly or monthly bank draft) will not be refunded or prorated, regardless of the frequency or duration of swimmer participation.

Signature of Parent or Legal Guardian

_____ Date _____

◆ **Financial Commitment**

The undersigned as the parent(s) and/or legal guardian(s) of _____ do hereby confirm they are entering into a twelve-month financial commitment on behalf of the above named swimmer. This is a financial commitment is for September 1, 2017 – August 31, 2018 and paid direct to P.E.E. **See separate policy and payment form.**

Signature of Parent or Legal Guardian _____ Date _____

◆ **Waiver of Liability**

It is agreed by my signature below, that in the event my child is disabled, injured or incurs a disease of a temporary or permanent nature while participating, to waive any and all claims or liabilities against Performance Enhancement Enterprises, Inc., the City of Tallahassee Parks and Recreation Dept., the City of Tallahassee, Florida, the TALLAHASSEE SERINAS parents boosters organization, and/or staff or volunteers of said activities and programs.

Signature of Parent or Legal Guardian _____ Date _____

◆ **Insurance**

USA SYNCHRO Insurance Covers the insured person for accidents, which occur in the course of participation in, sanctioned events, including supervision of a coach or manager, and while traveling directly to and from such sanctioned events or practices. **See separate registration form.**

Signature of Parent or Legal Guardian _____ Date _____

◆ **Medical Release**

The undersigned as the parent(s) and/or legal guardian(s) of _____ do hereby authorize the coaches or representatives of the TALLAHASSEE SERINAS club or the City of Tallahassee to obtain, through a physician of it’s choice, any emergency medical care that may become reasonably necessary for the swimmer in the course of such athletic activities or such travel. No action shall be taken until an attempt is made to contact me at the phone number(s) listed above. Parent/legal guardian or the insurance company providing for the above named swimmer guarantees payment of all charges incurred for medical treatment.

Signature of Parent or Legal Guardian _____ Date _____

TO BE COMPLETED BY STAFF

Team | Clinic | Recreational | Novice | Intermediate | Junior Olympic

___ Team Form	\$___ Annual Fee	___ Check #	___ Copy to Serinas
___ USA Synchro Form	\$___ Annual Fee	___ Check #	___ Add to Roster
___ Policy & Payment Form	___ Bill or Draft	___ Start B/D	___ Add to Email
	___ Added QB/D	___ Invoiced	___ Folder