



TALLAHASSEE SERINAS  
COMPETITIVE YEAR ROUND REGISTRATION  
FORMS and POLICIES CHECKLIST

[TallahasseeSerinas@gmail.com](mailto:TallahasseeSerinas@gmail.com) | [Serinas.org](http://Serinas.org)

Please ensure all documents are completely filled out and all required fees are attached prior to turning in registration forms. Swimmers will not be able to participate until all forms and fees are submitted.

- \_\_\_\_\_ Tallahassee Serinas Athlete Registration Form
- \_\_\_\_\_ Tallahassee Serinas Policies and Payments Options Forms (2 pages, new and returning swimmers)
- \_\_\_\_\_ Acknowledgement of Parent and Swimmer Handbook 2022-2023
- \_\_\_\_\_ Tallahassee Serinas Minor Athlete Abuse Prevention Policy (MAAP) acknowledgment form. **MUST BE SIGNED BY ALL PARENTS/GUARDIANS** of participants.  
A written copy of the policy is available in the Serinas office; The policy is also available at <https://www.teamusa.org/USA-Synchronized-Swimming/Resources/SafeSport>
- \_\_\_\_\_ Parent Safe Sport Confirmation
- \_\_\_\_\_ Check Payable for Annual fee to **Tallahassee Serinas** in the amount of:  
\$75.00 for 1<sup>st</sup> year swimmers-MUST self register & pay USA Artistic Swimming  
\$75.00 for returning swimmers-MUST self register & pay USA Artistic Swimming
- \_\_\_\_\_ Check Payable to **Performance Enhancement Enterprises, Inc.** for 1<sup>st</sup> month's coaching fees.  
(New swimmers only.)  
\$140.00 for Novice & Intermediate  
\$170.00 for JO

***Registration Deadline is September 1, 2022. Please return all forms and payments to the Serinas Drop Box***



## COMPETITIVE YEAR ROUND REGISTRATION FORM

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### ATHLETE INFORMATION

Last Name	First Name	Middle Initial
Mailing Address	City, State	Zip Code
Preferred Name (if any)	Date of Birth	Current Age
		Sex
Athlete Email	Athlete Home Phone	Athlete Mobile Phone
Description of ANY Health Problems		
Athlete's Form of Transportation -circle choice(s) Self Driver / Parent Driver / Carpool		Athlete Lives Primarily With -circle choice Both Parents / Mother / Father / Other

### PARENT INFORMATION

Mother's Last Name	Mother's First Name
Mother's mailing address if different from Athlete	City, State
	Zip Code
Mother's Mobile Phone	Mother's Work Phone
	Mother's Home Phone
Mother's Email	Mother's Place of Employment
	Best Method of Contact PHONE / EMAIL / TEXT

Father's Last Name	Father's First Name
Father's mailing address if different from Athlete	City, State
	Zip Code
Father's Mobile Phone	Father's Work Phone
	Father's Home Phone
Father's Email	Father's Place of Employment
	Best Method of Contact PHONE / EMAIL / TEXT

<b>TO BE COMPLETED BY STAFF</b>	TEAM: Novice   Intermediate   JO
___ Athlete Registration form	Serinas Annual Fee \$ _____ Ck# _____ Copy to Serinas ___
___ Policies and Payments form	Coaching Fees \$ _____ Ck# _____ Add to email ___
___ Acknowledgement of policies form	Add to roster _____ Bill or Draft? B/D start date _____
___ USA Synchro form	Added to Draft _____ Invoice # _____



## Tallahassee Serinas Policies and Payments Options Form

- 1. **The Serinas registration for the “Year-Round” program is a commitment through 8/31/2023**
- 2. **Cancellation**

Participants in the “year-round program” are responsible for FULL group participation fees.

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

- 3. **ONLY** in the event of injury or serious illness, which requires a swimmer to cease participation, will fees be pro-rated or refunded. Such injury or illness must be supported with signed documentation from a physician.

4. **Authorization of payment for coaching fees by MONTHLY BANK DRAFT**

Payment will be made through a monthly bank draft initiated by Performance Enhancement Enterprises, Inc. between the 1<sup>st</sup> and 5<sup>th</sup> of every month. **IF THE DRAFT IS RETURNED BY THE BANK DUE TO INSUFFICIENT FUNDS OR A CLOSED ACCOUNT, A 20% FEE WILL BE ASSESSED.**

This draft will remain in effect until I provide written notice to cancel in such time as to afford the financial institution a reasonable opportunity to act on it. I can stop payment of any entry by notifying my financial institution 3 days before my account is charged.

**BY MY SIGNATURE BELOW I UNDERSTAND I AM COMMITTING THROUGH 8/31/2023.**  
I authorize Performance Enhancement Enterprises, Inc. (Head Coach Terry Maul) and the Capital City Bank Group to initiate entries to my checking/savings account to cover monthly Serinas participation fees.

My Financial Institution \_\_\_\_\_

Account Number \_\_\_\_\_ Routing Number \_\_\_\_\_

\_\_\_\_\_  
Signature of Account Holder Date

I am registering \_\_\_\_\_ (swimmer name please print) for participation in the Serinas “year-round program”. I have read and understand the Payment Policies for Coaching Fees.

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



## Acknowledgement of Serinas Policies and Payment Options

- I am registering \_\_\_\_\_ for participation in the TALLAHASSEE SERINAS Competitive Year Round swim program. I have read and understand the policy and payment options.

\_\_\_\_\_  
Signature of Parent / Legal Guardian

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Signature of Parent / Legal Guardian

\_\_\_\_\_  
Date

- Financial Commitment** The undersigned as the parent or legal guardian of \_\_\_\_\_ hereby confirm I am entering into a financial commitment from the first day of practice through August 31, 2023. These fees are paid directly to Performance Enhancement Enterprises, Inc.

\_\_\_\_\_  
Signature of Parent / 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 booster organization, and/or staff or volunteers of said activities and programs.

\_\_\_\_\_  
Signature of Parent / 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 USA SYNCHRO Membership Registration form.

\_\_\_\_\_  
Signature of Parent / Legal Guardian

\_\_\_\_\_  
Date

- Medical Release** The undersigned as the parent or legal guardian of \_\_\_\_\_ do hereby authorize the coaches or representative of the TALLAHASSEE SERINAS or the City of Tallahassee to obtain, through a physician of its 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 guarantees payment of all charges incurred for medical treatment

\_\_\_\_\_  
Signature of Parent / Legal Guardian

\_\_\_\_\_  
Date



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## Acknowledgement of Parent & Swimmer Handbook 2022-2023

By signature(s) below, both the Athlete and Parent/Legal Guardian/Responsible Party, acknowledge they have received and reviewed the **Tallahassee Serinas** Parent & Swimmer Handbook 2022-2023.

\_\_\_\_\_  
Parent / Legal Guardian / Responsible Party

\_\_\_\_\_  
Athlete / Participant / Swimmer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date



## **Minor Athlete Abuse Prevention Policy (MAAP)**

### **Acknowledgement Form**

I acknowledge that I have received, read and understood the Minor Athlete Abuse Prevention Policy and/or that the Policy has been explained to me or my family. I further acknowledge and understand that agreeing to comply with the contents of this Policy is a condition of my membership with Tallahassee Serinas.

Swimmer(s) \_\_\_\_\_

Parent Name: \_\_\_\_\_ (please print legibly)

Parent Signature: \_\_\_\_\_

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

Parent Name: \_\_\_\_\_ (please print legibly)

Parent Signature: \_\_\_\_\_

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