

Gators Swim Club/Gators Pre-Team Registration Form 2018-2019

(valid 9/4/18-8/23/19)

Date of Tryout:		
Swimmer #1 Name:	Birthdate:	Group: Pre SD JR SR
Swimmer #2 Name:	Birthdate:	Group: Pre SD JR SR
Swimmer #3 Name:	Birthdate:	Group: Pre SD JR SR
Parent/Guardian Name:	Cell phone:	
Home address:	Home phone:	
City:	Zip code:	
Email:		
Emergency Contact (name & relationship):		Emergency Contact Phone numbers:
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Liability Release: To the extent permitted by law, I hereby absolve the City of El Cerrito, its employees and volunteers from all liability that may arise as the result of my participation in the activities mentioned on these sheet, and if the above named participant is a minor, I hereby give my permission for his/her participation as indicated and in so doing absolve the City of El Cerrito, its employees and volunteers from such liability. I realize that the City of El Cerrito is not responsible for lost or stolen articles. I understand that participants in the City of El Cerrito programs do so at their own risk and the City does not provide accident insurance.

Change Policy: I understand that once I enroll my child in the Gators Swim Club or Gators Pre-team program, all cancellation, transfer, schedule change and late fees apply, and that registration is confirmed for the time indicated.

Emergency Procedure: I understand in case of a serious medical emergency, 911 will be called and that my child may be transported by ambulance to a nearby hospital at the discretion of emergency personnel. Every effort will be made to contact the parent/guardian.

Photo Release: I acknowledge that the City of El Cerrito takes photographs and videotapes of its activities and events for publicity purposes and authorize the use of my image or my child's image by the City for such purposes. I understand I will not be compensated for use of photos or videos.

Behavior Policy: I understand that my child is expected to follow all rules established by his or her coach, and any failure to comply may result in dismissal from the program. I also understand that no refunds will be given. A copy of our policy is included in the information packet and available upon request in the Community Center office.

Bill Policy: I understand that my auto-debit will be charged on the first day of the month. All receipts, bills and statements will ONLY arrive electronically; no bill will be sent in the mail. I understand that auto-debit does NOT roll over from the previous year/summer. I understand that if my auto-charge is declined, my receipt will indicate this information and it is my responsibility to notify the City of El Cerrito to update my payment method by the 10th of the month. I understand that if this is not done, a late fee of \$19 will be charged. I understand that if my City of El Cerrito bill is one month or more past due, we reserve the right to send any past due balances to a collection agency. I understand that the City is NOT required to make any additional contact regarding past-due accounts. I understand that family members sent to collections will not be able to participate in any programs offered by the City of El Cerrito until the amount due is paid.

I have read and understand the El Cerrito Gators Swim Club/Gators Pre-team program parent handbook and policies.

Parent/Guardian Signature: _____ Date: _____

Credit Card Authorization Form:

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Please print information neatly, in blue or black ink

To activate my automatic credit card authorization, I understand that I must either (1) already have a credit card on file or (2) come to or call the Community Center to store my credit card information securely encrypted and stored. Once I have a credit card on file, I authorize the City of El Cerrito Recreation Department to automatically deduct monthly payment(s) for the Gators Swim Club program from my credit card.

Please note: Your credit card will be charged on the first business day of each month. Your credit card will continue being charged through August 2019 unless written notification of cancellation is submitted to the Recreation Department. All cancellation requests must be submitted in writing and must be submitted 2-weeks prior to the cancellation.

Auto Charge Start Date: _____ **End Date:** August 31, 2019

Credit Card Type (please circle): **VISA** **MASTERCARD** **AMEX**

Name as it appears on Credit Card: _____

Last Four Digits of Credit Card: _____ **Expiration Date: Month/Year:** _____

**note: do not write your entire credit card number on this form.*

Signature: _____ **Date:** _____

Home Phone: _____ **Cell Phone:** _____

Email: _____

Billing Address: _____

City: _____ **State:** _____ **Zip:** _____

Please indicate the participant's full name, age and which group they swim with: Pre-Team = 50-minute workout 4 workouts/week; Stroke Development = 60-minute workout 5 workouts/week; Junior & Senior Group = 90-minute workout 5 workouts/week).

Swimmer Name:	Age:	Circle One: Pre-Team Stroke Development Junior Group Senior Group
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