

“Free” Adult Aquatics Program

*Did you know? 10 People drown each day in the United States of America (7 are adults)
They have little or no swimming ability.*

Conducted by Certified USA Swimming Coaches

Sponsored by Team Genesis/LOVE Swimming

A Sports Ministry of Trinity Fellowship Church

If you are an instructor in our program, have relatives or children (including guardians) who participate in our program or you have been referred by one of our program members you qualify for our “Free” Adult Aquatics Program

2017-2018 “EASY 8 Steps” REGISTRATION PAYMENT & SIGN-UP FORM

Step #1: Fill in all the blanks with all information requested (please print). One form per Student.

Last, First & Middle Name: _____

Male/Female: _____ Race/Ethnicity: _____ D.O.B. _____ Age _____

Married/Single/Divorced: _____ Email: _____

Employer: _____ Position: _____

Address: _____ City/State/Zip: _____

Home Phone: _____ Cell: _____ Work: _____ Emergency: _____

T-Shirt Size (circle one): YS YM YL YXL AS AM AL AXL AXX

List any Medical Condition, Medication, etc.: _____

Adult Aquatics Program

15-45 minute Practice as you prefer

Coached or un-coached practices as you prefer

Competitive, Progressive, Fitness and Recreational (Coached Practices – 20 minute minimum)

Laps, water walking, etc. (Un-Coached Practices 15 -45 minutes as you prefer)

Step#2: Select (circle) the main Facility you will utilize for your program (Year-round Program)

You can practice at any site during the time that we conduct practices. You can come as much as you like.

Pool Location and Training Dates listed for your Reference:

- ◆ **Jefferson County Family YMCA**, Festus, MO. Class Times: **Tuesdays** 7:00 p.m. – 8:30 p.m.
- ◆ **Mehlville Senior High School Pool**, St. Louis, MO. Class Times: **Mondays** 7:30 p.m. – 9:00 p.m. & **Thursdays** 7:00 p.m. – 8:30 p.m.
- ◆ **Farmington Civic Center**, Farmington, MO. Class Times: **Fridays** at 6:30 p.m. – 7:30 p.m.

Class Times, Dates and Training Sites are ALL subject to change. Keep up-to-date on Swim Team communications.

Step #3: Fees Description (Check applicable):

There is a non-refundable \$25 Registration Sign-up Fee per “New” Swimmer Registration Fee. After paying the New Swimmer Registration the 1st Annual Registration Fee is \$85 due August 1st and Annually after that the 2nd+Annual Registration Fee is \$125.00 also due August 1st each year

8144 Terre Bleue Drive * P.O. Box 345 * Bonne Terre, Missouri 63628 *

Office/Fax: 573-358-7727 * Office Cell: 573-366-0410

E-Mail: programs@loveswimming.org * Web Address: <http://www.loveswimming.org>

“Love one another. As I have loved you, so you must love one another.” John 13:34

“Free” Adult Aquatics Program

*Did you know? 10 People drown each day in the United States of America (7 are adults)
They have little or no swimming ability.*

**Conducted by Certified USA Swimming Coaches
Sponsored by Team Genesis/LOVE Swimming**

A Sports Ministry of Trinity Fellowship Church

Your Name as you would like to have it on the Adult Aquatics Program Certificate: _____

Step #4: Swimmer Information

(1) Do you do sports? _____ Which ones if yes: _____

(2) How many days weekly do you want to train? _____

Step #5: Progression System

Please circle **what you think** is your highest level of ability:

- ◆ Level 1 – Non Swimmer
- ◆ Level 2 – Ability to place head underwater
- ◆ Level 3 – Front Float\Back Float
- ◆ Level 4 – Front Float and Kick\Back Float and Kick
- ◆ Level 5 – Crawl arm stroke, no breathing
- ◆ Level 6 – Crawl arm stroke, with breathing
- ◆ Level 7-10 By **Program Director** evaluation only.

Step #6 Fee Worksheet, Payment Information, Signature & Date

LOVE Aid Donation (Assistance Fund) _____ Sports Ministry Scholarship _____

Sign-up/Registration Fee \$ __X__ _____ New (\$25) 1st Annual (\$85) 2nd+Annual (\$125)

Total Due \$ _____ Amount Paid: \$ _____

Check ___ MasterCard ___ Visa ___ Discover ___ Card#: _____

Signature: _____ Exp Date: _____ Security ID _____

Organization: _____ P.O. #: _____

Check Routing#: _____ Check Account#: _____ Notes: _____

Please make your Registration Fee payable to Trinity Fellowship Church

As a participant (18 plus years old) or as legal guardian (if disabled) in our **Adult Aquatics Program** represented by this registration form, I agree to hold **Trinity Fellowship Church Sports Ministry** and its officers and agents free and harmless from any claim or expense that may arise due to my participation in this program.

Signature: _____ Date: _____

You can mail ALL registration and payment information to: Trinity Fellowship, P.O. Box 345, Bonne Terre, Missouri 63628 or you can make credit card and debit card payments on-line at shop.loveswimming.org. Fax or Email Program Sign-up and all Payment information to 573-358-7727 or programs@loveswimming.org

For Information on our Adult Aquatics Program Call 573-358-7727

8144 Terre Bleue Drive * P.O. Box 345 * Bonne Terre, Missouri 63628 *

Office/Fax: 573-358-7727 * Office Cell: 573-366-0410

E-Mail: programs@loveswimming.org * Web Address: <http://www.loveswimming.org>

“Love one another. As I have loved you, so you must love one another.” John 13:34

“Free” Adult Aquatics Program

*Did you know? 10 People drown each day in the United States of America (7 are adults)
They have little or no swimming ability.*

**Conducted by Certified USA Swimming Coaches
Sponsored by Team Genesis/LOVE Swimming**

A Sports Ministry of Trinity Fellowship Church

Team Genesis/LOVE Swimming hosted Swim Meets & Adult Aquatics Participation requires:

- (1) All Swimmers sign and return this form along with the meet and or registration fees 7 days prior to the scheduled Personal Best Time Swim Meets, Time Trials, Sprint Series and other hosted swim meets and Swimming Programs.
- (2) All swimmers participating in Personal Best Time Swim Meets, Time Trials, Sprint Series and other Hosted Swim Meets and Swim Programs are required to sign the waiver, release or liability and hold harmless agreement below.
- (3) No Refunds will be given for Team Travel Swim Meets, Adult Aquatics Program Classes, Camps, Clinics & Practices. No Exceptions!

Step #7: Waiver, Release of Liability and Hold Harmless Agreement Minor Participants

In return for my participation in swim meets and swim programs hosted by Team Genesis/LOVE Swimming, I

- (1) Acknowledge that I understand the nature of the swim meets and swim programs', and believe that I am qualified and in proper physical condition to participate. I further agree that if at any time, I believe conditions to be unsafe with respect to my physical condition, the equipment, or facilities, it shall be my responsibility to immediately discontinue participation in the swim meet and swim program.
- (2) Further acknowledge that the swim meet and swim program involves the risk of serious bodily injury (including the possibility of permanent disability, paralysis or death), which may be caused by (a) my own action or inactions, (b) the actions or non-actions of others participating in the swim meet and swim program, (c) the condition of the equipment and/or facilities at which the swim meet and swim program is located, or (d) the actions or inactions of the entities and persons identified below; and I fully accept and assume all such risk and all responsibility for losses, costs, and damages I may incur as a result of my participation in the swim meet and swim program.
- (3) Acknowledge that this is a Trinity Fellowship Sports Ministry sponsored swim meet and swim program and as such, all applicable regulations, policies, procedures and consequences as defined in the Ministry's athlete handbook will apply during the my participation in this swim meets and swim programs.
- (4) Accordingly, I hereby release Trinity Fellowship Church, together with its directors, officers, employees, volunteers, and agents from all liability, claims, demands, losses, or damages arising out of my participation in swim meets and swim programs; and I further agree that if, despite this release and waiver of liability agreement I, or anyone on behalf of myself, makes a claim it is released in this agreement. I will indemnify and hold harmless each entity and person released herein from any and all litigation expenses, attorney fees, loss, liability, damage, or cost they may incur as the result of such claim.
- (5) Agree than in an emergency, any Trinity Fellowship Sports Ministry representative may transport or authorize the transportation of me to a hospital/medical facility and I authorize any physician or other medical personnel to carry out any diagnostic procedures or emergency care deemed necessary. I understand that the cost of medical attention and ambulance are my responsibility.
- (6) Acknowledge that information about me provided in this registration, program and swim meet sign-up may be used by a Trinity Fellowship Church Sports Ministry representative or any individual or organization identified by Trinity Fellowship Church Sports Ministry as needed in order to effectively execute this program.
- (7) Acknowledge that from time to time, a Trinity Fellowship Church Sport Ministry representative may photograph or videotape me while I am involved in a swim meet and swim program activity. These photographs or videotape will solely be used by Trinity Fellowship Church Sports Ministry for the promotion and marketing of its Sports Ministry Programs and activities and will not be sold. I understand that it is my responsibility to notify Trinity Fellowship Church Sports Ministry in writing if I do not wish to be photographed or videotaped.

I have read this agreement as well as the regulations, policies, procedures and consequences as defined in the Trinity Fellowship Sports Ministry policies, fully understand its terms, and have voluntarily entered into this agreement of my own free will based only upon the terms and conditions included herein.

Date: _____

Swimmers Signature or Guardian if swimmer is disabled

Swimmers Name- Birthdate/Current Age

Our water is rented. Therefore; Training Sites, Training Times, Training Days, and Training Dates are ALL subject to change based on pool usage and availability as set by the facility.

8144 Terre Bleue Drive * P.O. Box 345 * Bonne Terre, Missouri 63628 *

Office/Fax: 573-358-7727 * Office Cell: 573-366-0410

E-Mail: programs@loveswimming.org * Web Address: <http://www.loveswimming.org>

“Love one another. As I have loved you, so you must love one another.” John 13:34

“Free” Adult Aquatics Program

*Did you know? 10 People drown each day in the United States of America (7 are adults)
They have little or no swimming ability.*

**Conducted by Certified USA Swimming Coaches
Sponsored by Team Genesis/LOVE Swimming**

A Sports Ministry of Trinity Fellowship Church

Our “Free” Adult Aquatics Program Year-round Registration is Underway!

Registration Procedure

There is a high demand for **“Free” Adult Aquatics Program coached by USA Swimming Certified Coaches**, so early enrollment is encouraged. Classes are filled on first-come-served basis, we do have limited space. **There is a 7 day window from your Registration purchase date to class start date so sign-up today.**

- Your Registration Payment is due at the time of registration and can be done on-line at <http://www.loveswimming.org> .
- Remember to **print, complete and submit** your Registration Payment and Sign-up forms to us.
- There is a non-refundable per swimmer Initial Registration/Sign-up Fee for New Swimmers of \$25. New Swimmers can register anytime during the Swim Season. On August 1st of each year ALL Swimmers must register for the “New” Season: Adult swimmer who are also Swim America Instructors: 1st time returning swimmers Registration Fee is \$85 and 2nd+ year returning swimmers Fee is \$125.00, otherwise Adult Swimmers only pay an Annual Registration Fee of \$15. There is a \$50 late fee for returning swimmers registering after 7 days before the start of the New Swim Season. We do no refund Registration Fees.

Discipline Policy:

All disciplinary issues will be handled directly by the Head Swim Team Coach/Program Director.

Adult Aquatics Swim Suit Information:

All Adult Aquatics Program swimmers are requested to wear one-piece swim suits, goggles and swim cap which can be purchased at our Swim Team Store at shop.loveswimming.org. A good swim suit can make swimming easier especially for new swimmers. If you decide to order a suit on-line at our website; shop.loveswimming.org, please remember to enter your current measurement in inches in the “special instructions” section of your purchase order. Suits will be given out at your practice, please bring an extra swim suit until your suit is received. We can also provide you with and encourage swim caps, goggles, training fins, snorkels, gear bag, training paddles, personal kickboard, etc. at our Swim Team Store at shop.loveswimming.org. Please see your coach if you have any questions before you purchase these items.

#8: How did you hear of us?

Existing Swim Program Family ___ Newspaper ___ Internet ___ Flyer ___ Other ___

Please provide the name of the person who referred you (even if it is you if you already have at least 1 swimmer on our Team) so that we may send them a \$10.00 coupon if you or a relative is a member of our program. The person who referred you can use their \$10 coupon to purchase items from our store at shop.loveswimming.org. Remember, if you refer anyone who joins the Team and they list you as their referral, you will also receive a \$10 referral coupon that you can use to shop at our store at shop.loveswimming.org.

Name (who referred you): _____ Email (who referred you): _____

Phone (of your referral): _____ Address (of your referral): _____

8144 Terre Bleue Drive * P.O. Box 345 * Bonne Terre, Missouri 63628 *

Office/Fax: 573-358-7727 * Office Cell: 573-366-0410

E-Mail: programs@loveswimming.org * Web Address: <http://www.loveswimming.org>

“Love one another. As I have loved you, so you must love one another.” John 13:34