



# HAWTHORN HAMMERHEADS SWIM TEAM

This non-competitive team offers elementary and middle school aged swimmers stroke development, skill development, comradery and FUN all year round! The requirement for joining is the ability to swim 25 yards of freestyle and backstroke, independently and unassisted as well as the ability and willingness to follow all coach instructions.

**TO PARTICIPATE:** Drop by the end of a practice (Mon to Thurs at 6:30pm) or email [swim@hfac.com](mailto:swim@hfac.com) to answer any questions get your swimmer placed in Level 1, 2, 3 or 4.

When the Club Concierge is open, Registration and initial payment can be processed and enrollment confirmed immediately. Otherwise, submit your registration at the front desk and a member of the team will confirm, generally within 24 hours.

**PRACTICES:** Practices run most weeks Monday-Thursday. See team calendar on the reverse page for details.

Levels 1 and 2 : 4:30pm - 5:30pm

Levels 3 and 4 : 5:30pm - 6:30pm

Swimmers generally attend 2 practices a week, though swimmers may attend as many or as few practices as they choose during months in which they are enrolled.

**NEW!!! ANNUAL REGISTRATION:** New Fall 2017! HFAC is now doing a one-time registration process for the 2017-2018 Swim Team Season (Sept 2017-August 2018).

This will simplify the process, and minimize ongoing paperwork for families. Once registered, your swimmers info, participation agreement (including waiver) and payment information is kept on file. The swimmer remains enrolled until August 2018 or until cancellation is submitted via email to [swim@hfac.com](mailto:swim@hfac.com) or by letter to the concierge desk. The swimmer can rejoin during the same season also via email or concierge desk without completing a new Registration form (if team space is available). Monthly payment is processed automatically. For more details, read below.

**The \$25 Cost to Register includes  
a Hawthorn Hammerhead T-shirt & Swim Cap**



(logo t-shirts and caps coming late September)

**MONTHLY COST:** Regular Season pricing (Sept-May) is listed below. The Hammerheads join other local teams in Summer Swim meets. June - August calendar and pricing will be set once the meets are planned. Once registered, the participation cost is per month. While the first month a swimmer joins may be pro-rated, there are no discounts given for illness, vacation etc.

2017 – 2018 PRICING BY MONTH *Ask about our sibling discount!					
September	\$70 members / \$90 non-members			March	\$70 m / \$90 nm
October	\$90 m / \$110 nm			April	\$90 m / \$110 nm
November	\$90 m / \$110 nm			May	\$90 m / \$110 nm
December	\$70 m / \$90 nm			June	TBD
January	\$90 m / \$110 nm			July	TBD
February	\$90 m / \$110 nm			August	TBD

## HFAC HAMMERHEADS PRACTICE CALENDAR

### SEPT 2017- MAY 2018

September 2017					
M	Tu	W	Th	F	S
				1	2
4	5	6	7	8	9
11	12	13	14	15	16
18	19	20	21	22	23
25	26	27	28	29	30

October 2017						
Su	M	Tu	W	Th	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

November 2017						
Su	M	Tu	W	Th	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

December 2017					
M	Tu	W	Th	F	S
				1	2
4	5	6	7	8	9
11	12	13	14	15	16
18	19	20	21	22	23
25	26	27	28	29	30

January 2018						
Su	M	Tu	W	Th	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

February 2018						
Su	M	Tu	W	Th	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28			

March 2018					
M	Tu	W	Th	F	S
			1	2	3
5	6	7	8	9	10
12	13	14	15	16	17
19	20	21	22	23	24
26	27	28	29	30	31

April 2018						
Su	M	Tu	W	Th	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

May 2018						
Su	M	Tu	W	Th	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

 Hammerhead Team Practice Day

# HAWTHORN HAMMERHEADS REGISTRATION



## SWIMMER INFORMATION

FIRST NAME	LAST NAME		
DATE OF BIRTH	AGE	HFAC MEMBER? Yes ___ No ___	HFAC SELF MANAGER? Yes ___ No ___

## PARENT/LEGAL GUARDIAN INFORMATION

FIRST NAME	LAST NAME
EMAIL	CELL PHONE

## ADDITIONAL CONTACT IN CASE OF EMERGENCY

Name	Relationship	Cell#
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**PARTICIPATION AGREEMENT:** BY ENROLLING YOUR CHILD IN HFAC SWIM TEAM YOU ARE AGREEING TO TO ALL HFAC POLICIES, INCLUDING:

- Check in for every practice at the front desk by name (non-member) or with membership card.
- Pricing is based on swimmer’s membership status, not the parent/guardians.
- Enrollment is not complete, and a space is not reserved, until payment has been received.
- A responsible adult must remain on the pool deck during lessons unless the swimmer is an HFAC Self Manager (age 9+). This and all other HFAC policies must be followed.
- Non-member swimming does NOT include facility usage outside of lesson time. Neither siblings nor parents may use HFAC without membership or a paid guest pass.
- Please follow all directions of HFAC instructors and other staff. Be respectful of others.
- HFAC reserves the right to change pricing, policies and rules with written notice.

**LIABILITY WAIVER:** As the parent or legal guardian of the minor named above, I understand water activities specifically and use of Hawthorn Farm Athletic Club (HFAC) in general are potentially dangerous. I further understand that swim activities can be physically demanding. In consideration of HFAC permitting my child to participate, on behalf of myself, as well as my child, other heirs, family members, executors, administrators and assigns, I hereby knowingly and willingly assume all risk of physical, emotional and economic harm which may occur and further release HFAC owners, employees, instructors, and agents from any and all losses, costs, expenses, damages, fees, attorney’s fees, and liability which may result from my child’s use of HFAC’s facilities and aquatics program. In the event of an emergency in which my child may require immediate medical attention and I am not reachable, HFAC has permission to take or transport or transport my child or myself via ambulance at my expense to the nearest medical facility and to authorize such medical treatment as deemed necessary by medical staff.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

# AUTOBILLING PAYMENT AUTHORIZATION

## INFORMATION OF PERSON RESPONSIBLE FOR PAYMENT

Name (First, Last) Please print clearly	HFAC Member# If charging to acct
Cell Phone	Email Address

Initials	Please initial each item acknowledging that you understand and accept the policy written.
	I understand that enrollment in a given month is non-refundable unless cancellation is received in writing on or before 20 <sup>th</sup> of the month prior. For example, to cancel in January, please submit written notice on or before Dec, 20 <sup>th</sup> . To cancel, email Coach Leslie Huerta at <a href="mailto:leslieh@hfac.com">leslieh@hfac.com</a> . The email will be printed and filed to document the cancellation. You may also submit written cancellation to the HFAC Concierge Desk.
	I understand that the credit card or club account charge will be processed on or around the 22 <sup>nd</sup> of the month prior to that my child is enrolled in Swim Team. (e.g. Dec 22 <sup>nd</sup> for January)
	I understand that team space is limited and HFAC can only communicate team space availability at the time of enrollment. Priority is given to HFAC Members and to swimmers enrolled in the month prior. If a child drops off the team for one month, his or her slot may be given to a different swimmer and this may impact following months. If the team is full, the child would then be placed on the wait list for future participation.
	I understand by providing financial information and signing this document the account holder is accepting full financial responsibility for Swim Team charges and adherence to the policies stated in this entire document.

## PAYMENT INFORMATION

### CREDIT CARD

Print Name As it appears on Card		
Credit Card #	CCV #	Type: <b>Visa MasterCard</b> <b>Discover Amex</b>
Address Listed With Card		
City, State	Zip	Expiration Date

OR

\_\_\_\_\_ PLACE AN "X" HERE TO PUT SWIM TEAM CHARGES ON YOUR HFAC MEMBERSHIP ACCOUNT

HFAC Member/CC Account Holder Signature	Date Signed
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### TO BE COMPLETED BY HFAC STAFF ONLY

Monthly Amounts Charged: _____ or _____	DISCOUNT/ NOTES:
HFAC Representative Signature	Date Signed