

RFSC Registration Form

Fees	Swimmer 1	Swimmer 2	Swimmer 3	Swimmer 4
RFSC Registration	\$185	\$166.50	\$166.50	\$166.50
MSI Fee (if applicable)	(\$55)	(\$55)	(\$55)	(\$55)
Total Due				

Family Total \$ _____

Trial Membership	Two-week Trial Membership	First Swimmer	Additional Swimmers
Trial Fee	Write one check for:	\$40	\$40
Balance	Write separate check for balance of fees:	\$200	\$181.50
Notify RFSC within 2 week deadline of session start to discontinue membership, and 2 nd check will not be deposited.			

Trial Check \$ _____ and Balance Check \$ _____

Swimmer(s):

1 Last _____ First _____ M.I. _____ School grade 2010-11 _____

2 Last _____ First _____ M.I. _____ School grade 2010-11 _____

3 Last _____ First _____ M.I. _____ School grade 2010-11 _____

2 Last _____ First _____ M.I. _____ School grade 2010-11 _____

Transfer from another swim club? If yes, name of club: _____

Medical or Physical conditions/medications the coaches need to know about: _____

Mother

Father

**PLEASE NOTE—Email messages and our website are the main ways we notify you about club business, practice changes & meet information. Please print clearly.*

Name _____

Name: _____

Email 1* _____

Email 1* _____

Email 2* _____

Email 2* _____

Address _____

Address: _____

City/ST/Zip: _____

City/ST/Zip: _____

Phone 1: _____

Phone 1: _____

Phone 2: _____

Phone 2: _____

Emergency Contact Information (other than parent or guardian)

Name: _____ Phone 1: _____

Address: _____ Phone 2: _____

Carpooling Information (new!)

By special request! Many parents live outside the city boundaries and are interested in car-pooling to practices, meets, or both. If you are willing to be contacted by another RFSC parent for this and are willing to share your contact information, please indicate below:

_____ Yes, we are interested in carpooling. We live _____ of River Falls near _____.

River Falls Swim Club Code of Conduct

As a parent, I will:

- | | |
|---|--|
| <ul style="list-style-type: none">• Put the well-being of the team ahead of my personal desires• Speak positively of our coaches, swimmers, and other parents• Express my concerns with other parties either privately or through the Club's Board of Directors | <ul style="list-style-type: none">• Volunteer my time to help the Club• Accept responsibility for my child(ren)• Make sure my child(ren) show respect to other parents, swimmers, and coaches• Have my child(ren) to practice and meets on time• Pay my dues on time |
|---|--|

As a swimmer, I will:

- | | |
|---|--|
| <ul style="list-style-type: none">• Make the most of every training session and competition• Be a proud member of the River Falls Swim Club• Support my teammates' efforts• Lead by example• Respect and listen to my coaches | <ul style="list-style-type: none">• Respect the facilities and building in which I train• Respect my fellow swimmers and their personal property• Be on time for practices and meets• Refrain from horseplay on the pool deck and in the locker rooms |
|---|--|

Signatures: _____

New Member Survey How did you hear about River Falls Swim Club? Please check one:

Flyer Website Swim Instructor Letter Friend Other: _____

Permission & Waivers

Photo and Website Waiver: RFSC publishes a website: riverfallsswimclub.org and issues press releases to highlight our swimmers and their achievements—photographs, meet results, best times, and awards. By signing this form, you are allowing RFSC permission to include photos of and information about your child's accomplishments in the club website and local newspaper.

Emergency Care Waiver:

My child may participate in all River Falls Swim Club practices, meets, and activities. A coach or Board Member has my permission to administer first aid or contact medical personnel in the event that he/she is injured while participating in club activities. The River Falls Swim Club is not liable for injuries incurred during practices or meets. I understand that my child should abide by the River Falls Swim Club's Code of Conduct (on reverse side of this form).

Parent Signature(s): _____

RFSC Use

Check #	Amount	Date	Check #	Amount	Date
Check # _____	Amount _____	Date _____	Check # _____	Amount _____	Date _____