

**HARNETT COUNTY AQUATIC CLUB POLICIES AND FINANCIAL  
OBLIGATIONS CONTRACT**

Family's Last Name: \_\_\_\_\_

Swimmer's Name: \_\_\_\_\_

Swimmer's Name: \_\_\_\_\_

Swimmer's Name: \_\_\_\_\_

Swimmer's Name: \_\_\_\_\_

Please initial each statement and sign at the bottom:

- \_\_\_\_\_ I understand that an annual registration fee of \$125 is due September 10<sup>th</sup>.
- \_\_\_\_\_ I understand that an annual USA Swimming Registration Fee (currently \$50 per swimmer) is due September 10<sup>th</sup>.
- \_\_\_\_\_ I understand that monthly dues of \$80/GOLD GROUP, \$70/AGE GROUP, \$60 SILVER GROUP, \$40/BRONZE GROUP, & \$30/TYPHOON GROUP are due and payable to HCAC on the first day of each month. If you have more than one swimmer in your family, a discount of \$10 is applied to fees for all swimmers after the first. For example, if you have a Silver and two Bronze swimmers, your fees would be \$60 + \$30 + \$30 for a total of \$120 a month. A statement will not be generated unless the account is past due.
- \_\_\_\_\_ I understand that dues not paid by the 10<sup>th</sup> of each month are considered PAST DUE and a \$10 late fee will be charged to my account. (Please contact the treasurer if you need to make special financial arrangements.)
- \_\_\_\_\_ I understand that if a payment has not been received for two consecutive months that my child will not be allowed to participate in swim practice, swim meets, or any other club functions until payment has been received. (Again, please contact the treasurer if you need to make special financial arrangements.)
- \_\_\_\_\_ I understand that there are no "skippable" months during the swimming year for GOLD & AGE GROUP swimmers. Dues are expected each month and I am committing my swimmer(s) to one of the following swimming seasons:
  - \_\_\_\_\_ September 2009 - July 2010 (short and long course)
  - \_\_\_\_\_ September 2009 - March 2010 (short course only)
- \_\_\_\_\_ I understand that if my child or children will no longer be swimming, I must give a written notice of that intention to the treasurer of HCAC before the first of the month. If notice has not been received, payment for those swimmers will be considered due.
- \_\_\_\_\_ I understand that the board of HCAC will do everything possible to maintain the current dues structure for the 2009 - 2010 swim year; however, if raising the dues is necessary, I will be notified at least one month in advance of the effective date.
- \_\_\_\_\_ I understand that all dues or financial payments may be made by depositing payment in the locked white box in the Campbell University's Natatorium office, or by mailing payment to HCAC, P. O. Box 322, Buies Creek, NC 27506 (Please make all payments by check and note on the check or on an attached note what the payment is for.)
- \_\_\_\_\_ I understand that HCAC is a volunteer organization and by joining I am committing myself to participate in the fund raisers of the Harnett County Aquatic Club such as the annual swim meet(s) and any other activities that may arise for which my family's volunteer time is requested and needed.

\_\_\_\_\_ I understand that there will be a **\$250 per family fundraising commitment**. I understand that I must choose one of the following options to fulfill my family obligation. That is, *these are the only options available* for fulfilling the family fundraising obligation.

- |                |  |
|----------------|--|
| _____ Option 1 | I agree to pay a one-time \$250 payment by Dec. 1, 2009                              |
| _____ Option 2 | I agree to pay half (\$125) by Dec. 1, 2009 and the remaining half by March 1, 2010. |
| _____ Option 3 | I agree to pay my \$250 family obligation in monthly installments.                   |

\_\_\_\_\_ **A fee of approximately \$35 - \$45 will be required in order to enter swim meets.** This fee is due at the time of registration for the meet. This fee covers USA and NC Swimming charges and meet fees

I have read, understand, and agree to abide by this contract between myself and the Harnett County Aquatic Club.

\_\_\_\_\_  
Parent/Guardian (Printed Name)

\_\_\_\_\_  
HCAC Board Member (Signature)

\_\_\_\_\_  
Parent/Guardian (Signature)

**Harnett County Aquatic Club  
Swimmer Registration Form**

Family's Last Name: \_\_\_\_\_  
Parent(s) Names: \_\_\_\_\_  
Home Phone #: \_\_\_\_\_ Email: \_\_\_\_\_  
Mobile: \_\_\_\_\_ Sec. Email: \_\_\_\_\_  
Father's Work # \_\_\_\_\_  
Mother's Work # \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Insurance Info: \_\_\_\_\_

Swimmer's Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
First - M.I. - Last

Swimmer's Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
First - M.I. - Last

Swimmer's Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
First - M.I. - Last

Swimmer's Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
First - M.I. - Last

Swimmer's Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
First - M.I. - Last

HARNETT COUNTY AQUATIC CLUB  
DISCIPLINE POLICY

Members of the Harnett County Aquatic Club are expected to be respectful to their coaches and other team members. If disrespectful behavior of any kind is observed of a team member that member will be made to sit out the rest of the swim practice for that day. If a member has been made to sit out three or more times in a month that member along with his/her parents will be required to meet with his/her coach and the board of HCAC to determine if this member may continue to participate in the club.

If a team member acts inappropriately at a swim meet, that member will not be able to swim his/her remaining events of that meet and will be expected to leave the meet.

It should be understood that as a team one members actions reflects the team as a whole. Therefore, only the best behavior should and will be accepted of the members of the Harnett County Aquatic club.

I agree and understand the conditions of this disciplinary policy.

---

Swimmer's Name (print)

---

Swimmer's Signature

---

Parent/Guardian's Name (print)

---

Parent/Guardian's Signature

---

Date