

Novice Groups

Welcome to our team! Please read the information below and complete the attached documents to get you started on your swimming journey.

Novice Swim Team Registration Form

Please complete this form in full. All information requested is important. We use email and cell numbers for both parents and athletes to send out invoices, important team information, last minute schedule changes and other team communication notices. Please note the primary account listed will be sent the billing information. You **MUST** also visit Pacific Swim via Team Unify and read the information provided under the Safe Sport tab regarding Concussion information and MAAPP. Once you have read this information, please sign the acknowledgement forms in the registration package.

We charge an annual team fee of \$75 per athlete. The fee is pro-rated beginning in September to \$65 and \$10 off each month thereafter. This fee goes towards travel meets, equipment for groups and general athlete related expenses and more.

USA Swimming Registration

This fee is due annually and required for all athletes on any USA Swimming team. This is insurance for athletes and covers them to compete in meets and swim at other locations. Please fill out the information correctly and make sure the information on the USA form and our team forms match (birthdates, names, middle initials etc). Our team code is **PS-SI**. Please return this form, including a **check payable** to San Diego Imperial Swimming and an ORIGINAL birth certificate or passport, along with payment of \$76 to: 14343 Silverset Street. Poway CA 92064. Please note we do not require a birth certificate or passport for renewals.

Pacific Swim Merchandise

All swimmers attending meets are required to wear a PS Team Suit and PS Cap. We also have customizable team gear and parkas for order at Rancho Arbolitos.

Automatic Payment Authorization Form

Each swimmer is required to be set up via automatic payment. We encourage everyone to set up their account using automatic bank debit from a checking or savings account at no fee. If you would like to use a credit card, we charge a \$5 recurring transaction fee.

Cancellation/Reactivation Policies

Cancellations, reactivations or changes due to injury or illness **MUST** be sent via email to billing@pacificswim.com. Cancellations or temporary deactivations must be received by the 7th of the month latest, prior to the month you wish to cancel or full dues will be charged. If a swimmer participates any part of the month full dues are payable. Please note that once you have deactivated your return will be based on roster space availability and is not guaranteed. A reactivation fee of \$50 will apply each time a swimmer reactivates an account after being deactivated in any 12 month period.

Our annual team break is the last 2 weeks in August. We do not prorate for this month as the amount has already been factored in to the dues structure.

Once you have completed and turned in your forms to Rancho Arbolitos, you should receive an email from Team Unify/Sports Engine within a few days. This email will provide you login instructions to Team Unify where you can manage your billing account as well as sign up for meets, etc. If you do not receive this email within 1 week of registering, please check your junk mail and then contact billing@pacificswim.com. If you have any questions regarding the foregoing, please do not hesitate to contact us at 858-486-3670.



Novice Registration

Athlete Information

Legal First Name _____ Legal Last Name _____ Mid Initial _____ Gender M / F Date of Birth _____
(must list if available)

Preferred Name _____ Swimmer Email (if applicable) _____ Swimmer Mobile # (if applicable) _____

Please list any known allergies or medical conditions: _____

Group: (Circle One) **Sideways** **Beginner Novice** **Advanced Novice**

Parent(s) or Legal Guardian:

First Name(s) _____ Last Name(s) _____

Billing Address: _____ City: _____ State _____ Zip _____

(____) _____ - _____ (____) _____ - _____ _____
 Mobile Number (Primary) Mobile Number (Secondary) Wireless Carrier

Email Address (Primary) _____ Email Address (Secondary) _____

Release of Liability:

In consideration of the acceptance of this registration, we, the undersigned swimmer, parent and/or guardian, intending to be legally bound, do hereby waive, release and forever discharge any and all rights and claims for damages which we or any of us may hereafter have against Pacific Swim, Inc., Rancho Arbolitos Swim & Tennis, LLC, its representatives, and its coaches for any and all damages which may be sustained and/or suffered by me or my children in connection with participating in the swim program or use of facilities. By signing this form, I acknowledge I have read and understand the information regarding Concussion Information and Minor Athlete Abuse Prevention Policy and have relayed this information to family/participant(s).

Billing Policy:

I understand that there is a \$75 annual team fee due at the time of registration from January through August. Beginning September, fees are prorated to \$65 and \$10 off each month thereafter.

Cancellations, reactivations or changes due to injury or illness MUST be sent via email to billing@pacificswim.com by the 7th of the month prior to the month you are deactivating or full dues are payable. Any swimmer beginning or rejoining before the 7th of the month will be charged full dues, otherwise weekly prorated amounts apply. If a swimmer is deactivating and swims any day of the month you are responsible for the full month dues. If a swimmer pauses or deactivates and then reactivates their account, a \$50 reactivation fee will apply. Our annual team break is in August. We do not pro-rate for this month as the amount has already been factored into the monthly fee schedule.

By marking the preceding box, I **DO NOT** agree that Pacific Swim may publish picture(s) of the athletes listed above to its website.

I agree that I have read, understand and accept all the above statements.

Signature of Parent or Legal Guardian _____ Today's date _____

FOR OFFICE USE ONLY

Received By _____ Date Received _____ Amount of Initial Payment _____ check / debit / cash / credit/ TU _____ Billing Start Date _____
Circle payment type

Special Notes: _____

Entered In Team Unify _____ Date: _____ / Sent Login Email _____ Date: _____

Pacific Swim

Automatic Payment Authorization

Please choose from the following two payment options for payment of monthly swim dues and associated fees (swim meets, annual registration fee, etc).

Parent Name _____

Swimmer Name _____

ACH/ Bank Debit

_____	<u>Checking / Savings</u>
Name as appears on Account	Account Type
_____	Auto Debited 1 st of each month
Bank Institution Name	
Bank Account #: _____	Routing #: _____
My signature below authorizes Pacific Swim Team, Inc to deduct the appropriate amount from my account each month. <u>I have attached a voided check</u> with the same information that I have written above.	
Signature of Account Holder	Date

Credit Card

_____	<u>VISA</u> <u>Mastercard</u> <u>Discover</u>	<u>1st of each month</u>
Name as it appears on Credit Card	Type of Credit Card (circle one)	Auto Debit
_____	_____	_____
Billing Address of Credit Card	City	State
_____ - _____ - _____	_____ / _____	_____
Credit Card Number (Visa or MasterCard)	Expiration Date	CVC
My signature below authorizes Pacific Swim Team, Inc to charge the appropriate amount to my credit card each month. Please note there is a \$5/month transaction fee added to monthly dues if paid by credit card.		
Signature of Account Holder	Date	

FOR OFFICE USE:

Payment Set Up in TU: _____
Initial Date



Acknowledgment of Receipt

Concussion Information Sheet

Pursuant to California Health and Safety Code §124235, a concussion and head injury information sheet shall be given by each youth sports organization offering an athletic program to each athlete in that program. I acknowledge I have logged on to Pacific Swim website via Team Unify and have read and understand the information provided regarding Concussion Information.

Please note, the information contained in the Swimming Concussion Information Sheet and this Acknowledgment is not medical advice and is no substitute for it.

I hereby acknowledge that I have read and understand the USA Swimming Concussion Information Sheet from Pacific Swim Team Website under Team Member Login under the Tab: Safe Sport

I also acknowledge that if I have any questions regarding the signs or symptoms of a concussion or other head injuries, the need to seek medical attention and the protocol for returning to daily activities, school and the swimming pool, I will consult with a licensed health care provider.

Minor Athlete Abuse Prevention Program

I acknowledge that I have read and understand the Minor Athlete Abuse Prevention Policy and/or that the Policy has been explained to me or my family. I further acknowledge and understand that agreeing to comply with the contents of this Policy is a condition of my membership with Pacific Swim Team:

If the athlete is 17 years of age or younger, this form shall also be signed by the athlete's parent or guardian before the athlete initiates practice or competition

Athlete's Name

Athlete's Signature

Date

Parent or Guardian's Name

Parent or Guardian's Signature

Date