



HIGHBRIDGE AQUATICS

REGISTRATION FORM

****Denotes Required Information**

Swimmer(s)

Legal First Name:**	Middle Name: **	Legal Last Name:**	Preferred First Name: **	Gender: **	DOB:** mm/dd/yy

Address:**	City:**	Zip Code**	Home Phone:

Parents /Guardians

First Name:**	Last Name:**	Cell Phone:**	Email.**

Swimmer(s) Medical Information

Physician Name:	Physician Office Address:
Medical Information / Conditions:	Medications:

Printed Name:		Date:	
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Signature:

Signing above indicates acceptance to the following team agreement and all conditions here within.

Please return information and Signature page to coach directly through one of the following methods:

Email: ctfugmanncccha@aol.com; Mail to the Physical Address; or hand directly to Coach Chris

Kroger Rewards: Please connect your Kroger card to Highbridge Aquatics, Inc (Organization Number: PV785) as this is a very helpful fundraiser for our team. You may do so online:

<https://www.kroger.com/account/communityrewards>

Agreement

As parent or legal guardian of the children named above, I hereby give my full consent and approval for my children to participate in USA Swimming activities and competition as a member of Highbridge Aquatics swim team. All registration and monthly fees are non-refundable. I understand that there are certain risks of injury in the practice and play of this sport, as well as, in traveling and other related activities incidental to my children's participation. I am willing to assume those risks on behalf of my children. I do hereby waive, release, and hold harmless Highbridge Aquatics, its directors, officers, coaches, employees, representatives, and Asbury University, its employees and staff for any injury that may be suffered by my children in the course of participation in USA Swimming activities incidental thereto. I certify that my child is fully capable of participating in USA Swimming and that my child is healthy and has no physical, no mental disabilities or infirmities that would restrict full participation in these activities. I have read and fully understand the provisions in this agreement. Your digital signature below represents your agreement to these statements.

COVID-19

ASSUMPTION OF RISK & RELEASE: By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my family, including child(ren), and I may be exposed to or infected by COVID-19 while on site at the pool and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at the pool may result from the actions, omissions, or negligence of myself and others, including, but not limited to, the HA Board and Asbury University, and program participants and their families. I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I, my family and my child(ren) may experience or incur in connection with my child(ren)'s attendance at the pool or participation in pool activities ("Claims"). On my behalf, and on behalf of my children, I hereby release covenant not to sue, discharge, and hold harmless the HA Board, Asbury University, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the HA Board, Asbury University whether a COVID-19 infection occurs before, during, or after participation in pool facility activities. *

Parents agree to ...

- Show support and enthusiasm for my child and the sport of competitive swimming *
- Refrain from inappropriate comments or disrespect toward swimmers, coaches, or officials and acknowledge that this behavior may result in being asked to leave or not appear at HA Swim

Team events. *

- Address my coaching concerns with the appropriate coach in private. If you have club concerns, address it with a HA board member in private. *
- Be responsible for my swimmer as soon as practice is dismissed and my swimmer walks off the pool deck *

Swimmers agree to...

- Respect and show courtesy to my teammates and coaches at all times. I will demonstrate good sportsmanship at all practices and meets.
- Show respect for all facilities and other property (including locker rooms and weight room) used during practices, competitions, and team activities. *
- Obey all of USA Swimming's rules and codes of conduct. *
- Understand that if I violate this code of conduct, I will be subject to disciplinary action determined by my coaches and the swim club board. *

SafeSport

Please complete the free Safe Sport training for parents (about 35 minutes) and the age appropriate training for athletes (about 10 minutes) found at <https://uscenterforsafesport.org> Look under training and Education services. Scroll down to Parent's Guide to Misconduct in Sport and Youth Athletes. *

Fees

Yearly Fees--* All monthly fees are due by the 6th each month (Sep - Mar). If a payment has to be late, please notify Coach Chris before the 6th. If payments are habitually late with no notice, swimmers will be kept out of all practices, meets, & functions. Although there is no discount for a 2nd swimmer in a family, a 3rd or 4th child is always half (but not with registration fees). Registration fees do cover fees to the KY LSC and to USA Swimming.

Acceptable Payment Options:

- 1.) ACH Automatic Draft which will take place around the 5th of each month: See Website:
Scan & E-mail completed form to : HA Treasurer Bobby Livesay: Bobby@livesaygroup.com
Mail to: Bobby Livesay
185 Pasadena Dr.
Suite 255
Lexington KY 40503
- 2.) Directly to Coach Chris
- 3.) Venmo (Great for 1 time meet fees, merchandise etc): @HighbridgeAquatics
- 4) Check payable to Highbridge Aquatics and mailed to:
Bobby Livesay
185 Pasadena Dr.
Suite 255
Lexington KY 40503

Asbury Luce Center Membership: Members of Highbridge Aquatics are required to purchase a Luce Center membership for the duration of the team's season (September - May). Please contact the Luce Center to join and make payment:

- \$270 for a 9-month family membership OR
- \$190 for a 9-month membership for a swimmer 16 years old or older.



HIGHBRIDGE AQUATICS PARENT SAFE SPORT FORM

USA Swimming is committed to safeguarding all of its members, with the welfare of its athlete members as top priority, and has a program called “**SAFE SPORT**”. Safe Sport is USA Swimming’s comprehensive abuse prevention program and provides tools for swim clubs to educate their members and intervene in risky situations.

We, **HIGHBRIDGE AQUATICS**, fully endorse and support USA Swimming’s Safe Sport and Safety programs by helping to connect our families and swimmers to countless resources on our very own website, www.highbridgeaquatics.com.

OUR GOAL, AS A TEAM, IS TO BECOME A “SAFE SPORT RECOGNIZED” CLUB BY USA SWIMMING. In order to do this, certain requirements must be met, including documentation that **you and your swimmer** have been made aware of and acknowledge certain policies, plans, codes of conducts and trainings as follows:

 I acknowledge that the following Resources are available for my review on the HA team website:
(Initial)

- USA Swimming Code of Conduct, <http://www.highbridgeaquatics.com/usa-swimming-rules-code-of-conduct/>
- HA Action Plan to Address Bullying, <http://www.highbridgeaquatics.com/action-plan-to-address-bullying/>
- HA Athlete Electronic Communication Best Practices document, <http://highbridgeaquatics.com/athlete-electronic-communication/>
- HA Grievance Procedure, <http://highbridgeaquatics.com/ha-grievance-procedure/>

 I acknowledge that I have reviewed and understand the Minor Athlete Abuse Prevention Policy (MAAPP) and/or that the Policy has been explained to me or my family (<http://www.highbridgeaquatics.com/maapp/>). I further acknowledge and understand that agreeing to comply with the contents of this Policy is a condition of my membership with **HIGHBRIDGE AQUATICS**, a USA Swimming member club.

 I acknowledge that I have reviewed and agree to the HA Parent Code of Conduct, (Initial) <http://highbridgeaquatics.com/athlete-parent-code-of-conduct/>

 I agree to complete the free, online Safe Sport Education Training for Parents “Parent’s Guide to Misconduct (Initial) in Sports”. Please **PRINT the certificate of completion or email it to haswimteam@gmail.com** <http://highbridgeaquatics.com/wp-content/uploads/2020/08/SS-Parents-instructions.pdf>

 I acknowledge that I am responsible to ensure my swimmer(s) (only those at least 12 years old) completes (Initial) the Safe Sport Education Training for Athletes “Safe Sport for Athletes”, and reviews/agrees to the HA Athlete Code of Conduct.

Please return this completed form and printed Safe Sport Parent Education Certificate to Coach Chris with your registration.

HA Parent Signature

Date

Printed Swimmer(s) Name(s)



HIGHBRIDGE AQUATICS ATHLETE

Only for Swimmers 12 years old and older

USA Swimming is committed to safeguarding all of its members, with the welfare of its athlete members as top priority, and has a program called “**SAFE SPORT**”. Safe Sport is USA Swimming’s comprehensive abuse prevention program and provides tools for swim clubs to educate their members and intervene in risky situations.

We, **HIGHBRIDGE AQUATICS**, fully endorse and support USA Swimming’s Safe Sport and Safety programs by helping to connect our families and swimmers to countless resources on our very own website, www.highbridgeaquatics.com.

OUR GOAL, AS A TEAM, IS TO BECOME A “SAFE SPORT RECOGNIZED” CLUB BY USA SWIMMING. In order to do this, certain requirements must be met, including documentation that **families and swimmers (at least 12 years old)** have been made aware of and acknowledge certain policies, plans, codes of conducts and trainings as follows:

 I acknowledge that the following Resources are available for my review on the HA team website:

(Initial)

- USA Swimming Code of Conduct, <http://www.highbridgeaquatics.com/usa-swimming-rules-code-of-conduct/>
- HA Action Plan to Address Bullying, <http://www.highbridgeaquatics.com/action-plan-to-address-bullying/>
- HA Athlete Electronic Communication Best Practices document, <http://highbridgeaquatics.com/athlete-electronic-communication/>
- HA Grievance Procedure, <http://highbridgeaquatics.com/ha-grievance-procedure/>

 I acknowledge that I have reviewed and understand the Minor Athlete Abuse Prevention Policy (MAAPP) and/or that the Policy has been explained to me or my family

(Initial)

(<http://www.highbridgeaquatics.com/maapp/>). I further acknowledge and understand that agreeing to comply with the contents of this Policy is a condition of my membership with **HIGHBRIDGE AQUATICS**, a USA Swimming member club.

 I acknowledge that I have reviewed and agree to the HA Athlete Code of Conduct

(Initial)

<http://highbridgeaquatics.com/athlete-parent-code-of-conduct/>

 I agree to complete the free, online Safe Sport Education Training for Athletes “Safe Sport for Athletes”.

(Initial)

Please PRINT the certificate of completion or email it to haswimteam@gmail.com

<http://highbridgeaquatics.com/wp-content/uploads/2020/08/SS-Parents-instructions.pdf>

Please return this completed form and printed Safe Sport Athlete Education Certificate to Coach Chris with your registration.

HA Athlete Signature

Date

HA Printed Athlete Name

I acknowledge that I have reviewed the information detailed above with my HA swimmer (of at least 12 years old).

HA Parent Signature

Date