



~ NORTHERN VIRGINIA'S PREMIER SWIM TEAM ~
 4870 Autumn Glory Way, Chantilly, VA 20151
www.makoswimming.net
 (703) 263-2274

2010 / 2011 REGISTRATION FORM GMU AQUATICS & FITNESS CENTER

PARENT Information

Last Name:		First Names:		
Street:		City:	State:	Zip:
Home Phone:	Work Phone:	Cell phone / Pager:	Primary Email:	

SWIMMER Information

First Name:		Middle Initial:	Summer Team:		
Date of Birth:	Age:	Grade:	Gender (circle one): Male / Female	Suit Size:	
Shirt Size (circle one): YL S M L XL	Program (circle one): Mini Makos Developmental Junior I Mako Stroke Mechanics Junior II Mini Makos Senior Prep Age Group I High School Age Group II Senior/National		Session(s): All First Second Third	Day(s): Monday Tuesday Wednesday Thursday Friday Saturday	Time (circle): PM or AM PM PM or AM PM PM or AM AM

Check this box only if you do NOT want your swimmer's picture posted on our team website.

NOTE: To register additional swimmers, please complete the swimmer information on additional registration forms (front and back) and attach to your primary form.

*****IMPORTANT*****

THIS REGISTRATION FORM MUST BE COMPLETED IN FULL AND ACCOMPANIED BY THE APPROPRIATE REGISTRATION FEES BEFORE IT WILL BE PROCESSED. IN ADDITION, THIS FORM, INCLUDING ALL TERMS CONTAINED AT PARTS A-C HEREOF, CONSTITUTES A BINDING AGREEMENT BETWEEN THE PARENT AND/OR GUARDIAN SIGNING BELOW AT PART C HEREOF.

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PART A: MAKO REGISTRATION FORM

A nonrefundable \$285 registration fee is required for EACH swimmer in all programs. This fee is due at time of registration and includes the following: USA/PVS Registration and Insurance, Team Suit, Team T-shirt, Team Cap, GMU Parking Pass (Long Sleeve shirt may be substituted for parking pass), GMU Bag Tag, Team Party and Awards, Coaches Education and Development, Equipment, Website, and a Non-Refundable \$50 towards Meet Entry Fee.

A nonrefundable \$115 registration fee is required for EACH swimmer in the Mini Mako Developmental program. This fee is due at time of registration and includes the following: Team T-shirt & cap, Insurance, GMU Parking Pass & Bag Tag.

The initial "Meet Entry Fee" (M.E.F.) of \$50.00 per swimmer is required for all programs. These funds are used EXCLUSIVELY for your child's USA/PVS meet entry fees accrued over the season. This requirement simplifies the meet entry process by eliminating the need to write checks to cover entry fees for each individual meet. Once your initial \$50.00 has been spent, you'll be invoiced an additional \$50.00 in order to keep a positive balance in your account. At the completion of the season, any remaining M.E.F. balance will be rolled over into your account for the next season. If you do not return to the team, any remaining M.E.F. balance under \$50.00 is forfeited, and is non-refundable.

Please complete this form and select the appropriate sizes for all items.
Make all checks payable to "HLR, LLC".

ITEM	DESCRIPTION	ADULT SIZES (Circle one)	PRICE	#	TOTAL
REGISTRATION FEE	\$285 FOR EACH SWIMMER OR \$115 FOR MINI MAKO DEVELOPMENTAL	N/A	\$285 OR \$115		
MALE Competition Swim Suit (**Included in Competitive Programs ONLY**)	Standard Jammer w/ team logo. You may upgrade Jammer for \$80.	24 26 28 30 32 34 36 38	Upgraded Jammer add \$80		
FEMALE Competition Swim Suit (**Included in Competitive Programs ONLY**)	Standard swim suit w/ team logo. You may upgrade tank for \$100.	24 26 28 30 32 34 36 38	Upgraded tank add \$100		
T-Shirt	Short sleeve	YL S M L XL XXL	Included	1	Included
Competition Swim Cap	Standard in black w/ team logos	Standard	Included	1	Included
Competition Swim Cap	Additional standard caps	Standard	\$4.00		
Competition Swim Cap	Silicon in black w/ team logos	Standard	\$15.00		
Personalized Competition Swim Cap	Latex w/swimmer name & team logo (minimum order of 4 caps required) or Silicon w/swimmer name & team logo (minimum order of 2 caps required)	Standard	\$25.00 for 4 latex \$35.00 for 2 silicon		
Fins	Standard rubber	Provide Shoe Size	\$25.00		
Warm-Up	2-piece black & white	YL S M L XL XXL	\$85.00		
Backpack	Black or Royal w/team logo	Standard	\$40.00		
Long-Sleeve T-Shirt	Black w/ team logos	YL S M L XL XXL	\$20.00		
Hooded Sweatshirt	Black w/ team logo	YL S M L XL XXL	\$30.00		
Team Sweatpants	Black w/logo	YL S M L XL XXL	\$20.00		
Embroidered Collared Shirt	Black, Gold, Royal or White	S M L XL XXL	\$25.00		
Embroidered Women's Sleeveless Shirt	Black, Yellow, Royal, White	S M L XL	\$20.00		
Goggles	Standard		\$10.00		
Team Parka	Black & gold w/ team logos	YL XS S M L XL	\$150.00		
Team Water Bottle	Clear w/ team logo		\$5.00		
Team Car Magnet	Oval team logo		\$5.00		
	MAKE CHECK PAYABLE TO "HLR, LLC"		TOTAL:		

PART B: LIABILITY WAIVER

Name of Participant(s) _____

(print)

I, _____,
(parent or guardian name if participant is under eighteen (18) years of age)

AS A PARENT / GUARDIAN / PARTICIPANT, UNDERSTAND AND ACKNOWLEDGE THAT:

Participation in the Mason Makos Swim Team program is intended to promote healthy and safe swimming opportunities for my child/children. However, like many physical activities, swimming and associated activities pose certain inherent health risks that can result in serious injury (physical and/or emotional) or even death. I acknowledge and assume the risks inherent with my child/children's active participation in the Mason Makos Swim Team.

Failure to follow safety instructions may lead to my child/children's suspension or cancellation of membership. Discretion is left entirely to the Mason Makos Swim Team staff and George Mason University Aquatic and Fitness Center staff to determine whether and when removal is appropriate.

HEALTH INSURANCE, EMERGENCY INFORMATION AND AUTHORIZATION

I understand that I am responsible for providing my child/children's health insurance. My child/children understand(s) that if experiencing fatigue, breathing problems, chest pain, or other injuries, the instructor should be informed immediately. If my child/children become(s) injured or ill while participating in the program, I authorize the Mason Makos Swim Team staff and University staff to act on my child/children's behalf in obtaining medical treatment. I understand that I am fully responsible for all medical care expenses. Please contact the following person in case of an emergency:

Name of Parent or Emergency Contact
Person: _____

Relationship: _____

Phone/Cell Phone _____

By signing this form, I acknowledge that I (parent / guardian / participant) have been informed about certain risks and responsibilities involved in this program and that I am knowingly and voluntarily assuming them. By signing this form, I also agree, for myself, my heirs and assigns, to release and hold harmless the Mason Makos Swim Team and its staff, officers, agents, members and any persons assisting in its activities and functions, George Mason University, the Commonwealth of Virginia, and its officers, employees and agents, from any claim, damage, liability, injury, expense or loss, including defense costs and attorney's fees, arising from my child/children participating in this program.

Signed _____

Date: _____

Name (please print clearly): _____

PART C: MEMBERSHIP & REGISTRATION DUES TERMS

I understand that by filling out this registration form and returning it with my first payment, I am entering into a contractual relationship with the Mason Makos Swim Team to remit all payment of all membership and registration fees associated with the specific program, session and days for which I have registered.

Dues Remittance Schedule

I understand that the remittance schedule for membership dues is as follows:

August 13, 2010: Remit 50% of total program fees

January 14, 2011: Remit remaining 50% of program fees

I understand that the Mason Makos Swim Team will email or distribute membership dues invoices on or about August 1, 2010 and December 15, 2010.

Late Payments / Bounced Checks

I understand that a late fee of \$20.00 will be assessed for all dues remittance not postmarked prior to the due date. Additionally, I understand that failure to pay all outstanding dues within two weeks after the due date will result in suspension of membership until payment in full is received by the Mason Makos Swim Team.

I understand that all returned checks are subject to an additional \$25.00 charge.

Collections

I understand that in the event I fail to remit all membership dues associated with the specific program, session and days for which I have registered, I will compensate the Mason Makos Swim Team for all expenses incurred by the Mason Makos Swim Team to collect such membership dues including, but not limited to: all attorney fees, court costs and associated collection fees.

Refunds and Cancellations

I understand that the Mason Makos have found it necessary to establish a firm NO REFUND POLICY concerning registration fees and program fees. The Mason Makos financial commitments involve annual pool and staff contracts based on swimmer registrations at the beginning of each season. Therefore, I understand that the Mason Makos Swim Team provides NO REFUND OF ANY REGISTRATION FEES OR PROGRAM FEES. This policy covers and includes, without limitation, requests for refunds and/or cancellations as the result of any changes in Mason Makos personnel, including changes in the team's coaching or management staff.

Signed: _____

Date: _____

Name (please print clearly): _____