

# LaPorte Community Turbo Swim Club Fee Schedule 2010 Summer Season

Dues per swimmer \$175.00 (\$425 Max per family)  
(April-July)

USA & IN Swim Registration \$31.50 (each swimmer)  
(only needed if you didn't swim fall/winter season)

USA & Indiana Swim Registration Fees and Club Fees are due in full or in 2 monthly installments. First installment (\$100 for one child, \$225 for 2 or more children) plus all IN Swim Registrations are due at registration. Postdated check for second installment is to be dated for June 1<sup>st</sup> (remainder of balance) and is due at registration. **No refunds of any club dues or registration fees will be issued.**

Swimmer's Name	DOB	M/F
Swimmer's Name	DOB	M/F
Swimmer's Name	DOB	M/F
Swimmer's Name	DOB	M/F

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone  
Number \_\_\_\_\_

Email Address \_\_\_\_\_

Who is Responsible for payment of Dues? \_\_\_\_\_

Address of responsible party \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Please visit [www.hotturbos.com](http://www.hotturbos.com) for all on-going Turbo information.**

**I hereby give consent for my child(ren) to participate with LaPorte Community Turbo Swim Club (Turbos). In consideration of being permitted to participate as a member of the LaPorte Community Turbo Swim Club, I hereby release, discharge and agree to hold harmless the LaPorte Community Turbo Swim Club, it's coaches, members of the Board of Directors, it's volunteers, it's employees, together with it's successors and assigns, from any and all liability for injuries to property or person suffered as a result of participation as a member of the LaPorte Community Turbo Swim Club. I give the club authorization to apply for United States Swimming membership(s) for my child(ren).**

***Authorization***

**I agree that it is the swimmers', their parents/guardians', or designated representatives responsibility to provide transportation to, from and during any program of the LaPorte Community Turbos Swim Club and that any transportation provided by representatives of the LaPorte Community Turbo Swim Club is not being provided on behalf of LaPorte Community Turbo Swim Club and is strictly voluntary on the par of the person providing the transportation.**

***Emergency Medical Information/Parent Consent/Liability Release***

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_

Physician \_\_\_\_\_

Phone \_\_\_\_\_

Allergies \_\_\_\_\_

Medication? If yes, give details \_\_\_\_\_

Medical Conditions \_\_\_\_\_

In the event of injury to any of the children identified above, I hereby forgive my consent for LaPorte Community Turbo Swim Club (the "Club") personnel to provide the child with emergency medical assistance or treatment and agree to be financially responsible for cost of such assistance or treatment.

\_\_\_\_\_  
Signature of parent or guardian Date \_\_\_\_\_

By signing you are agreeing to pay all dues in full and consent to medical treatment if necessary.