



~ NORTHERN VIRGINIA'S PREMIER SWIM TEAM ~

4870 AUTUMN GLORY WAY, CHANTILLY, VA 20151 (703) 263-2274 WWW.MAKOSWIMMING.ORG

**FAIRFAX AQUATICS & FITNESS CENTER
2007 / 2008 REGISTRATION FORM**

PARENT Information

Last Name:		First Names:		Account #:
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): Age Group 2 Age Group 4 High School Senior Prep Senior		Mini Makos Developmental Mini Makos Competitive Mini Makos High Performance Age Group High Performance National	Session(s): All First Second Third	Day(s): Monday Tuesday Wednesday Thursday Friday Saturday	Time (circle): PM or AM PM or AM PM or AM PM or AM PM or AM AM

Check this box only if you do NOT want to be listed in the Mason Makos Swim Team Handbook.

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.

Continued on Back →

PART A: MAKO REGISTRATION FORM

A nonrefundable \$150 registration fee is required for EACH swimmer in all competitive programs: Mini-Makos Competitive, Mini-Makos High Performance, Age Group 2, Age Group High Performance, Age Group 4, Senior Prep, Senior and National programs. This fee includes USA Swimming registration, a team swim suit, T-shirt, and a swim cap. A nonrefundable \$60 registration fee is required for EACH swimmer in all developmental programs: Mini-Makos Developmental and High School programs and includes a team T-shirt. Please complete this form and select the appropriate sizes for all items. Make all checks payable to "HLR, LLC".

An initial "Meet Escrow Fund" (M.E.F.) of \$50.00 PER FAMILY is also required for all competitive programs. These funds are use EXCLUSIVELY for your child(ren)'s USA 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. At the completion of the season, you may request any remaining M.E. F. balance to be returned to you, or simply maintain an M.E. F. balance until next season.

ITEM	DESCRIPTION	ADULT SIZES (Circle one)	PRICE	#	TOTAL
REGISTRATION FEE	\$60 Required for Each SWIMMER in Developmental Programs \$150 Required for Each SWIMMER in Competitive Programs	N/A	\$60.00 or \$150.00		
MEET ESCROW FUND	Required for each FAMILY with Competitive Program swimmers	N/A	\$50.00		
GMU Lot C Parking Pass	Required if you want to park on campus	N/A	\$25.00		
Handbook Advertisement	Mako team handbook ads	1/4 Page 1/2 Page Full Page	\$10 \$20 \$30		
MALE Competition Swim Suit (**Included in Competitive Programs ONLY**)	Standard Jammer w/ team logo. You may upgrade Jammer for \$50.	24 26 28 30 32 34 36	Upgraded Jammer add \$50		
FEMALE Competition Swim Suit (**Included in Competitive Programs ONLY**)	Standard swim suit w/ team logo. You may upgrade tank for \$50.	24 26 28 30 32 34 36	Upgraded tank add \$50		
T-Shirt	Short sleeve	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 stuff	Provide Shoe Size	\$25.00		
Team Towel	White w/team logo	Standard	\$18.00		
Warm-Up	2-piece royal & white	XS S M L XL XXL	\$85.00		
Backpack	Black w/team logo	Standard	\$50.00		
Long-Sleeve T-Shirt	Royal w/ team logos	S M L XL	\$20.00		
Hooded Sweatshirt	Black w/ team logo	XS S M L XL	\$38.00		
Team Sweatpants	Royal w/logo	XS S M L XL	\$20.00		
Embroidered Collared Shirt	Gold, royal or white	S M L XL XXL	\$33.00		
Winter Parka	Royal & gold w/ team logos	XS S M L XL	\$150.00		
Winter Stocking Cap	Royal or black w/ team logo	Standard	\$12.00		
Mesh Shorts	Royal w/ team logo	S M L XL	\$15.00		
Mesh Equipment Bag	Black w/ team logo	Standard	\$8.00		
	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 Mason Makos 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): _____

Continued on Back →

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 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:

September 1, 2007: Remit 50% of total dues

December 1, 2007: Remit remaining 50% of total dues

I understand that the Mason Makos Swim Team will distribute membership dues invoices on or about August 1, 2007 and November 1, 2007.

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 \$35.00 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 dues. Mako's 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 DUES. 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): _____