

# SURGE Club Team Agreement

## Step One – Student Information

**Student** \_\_\_\_\_

\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_  
 First Name                      MI                      Last Name                      DOB                      Gender

\_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_  
 Address                      Street                      City                      State                      Zip

\_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_  
 Daytime Telephone                      Evening Phone                      E-Mail

\_\_\_\_\_                      \_\_\_\_\_  
 Emergency Contact Name                      Emergency Contact Telephone

Parent Name: \_\_\_\_\_

## Step Two – Swim Group

Circle One

Gold                      Silver                      Bronze                      Developmental

## Step Three – Date & Time – EH LOCATION Times vary during different seasons. Gold 6 days, Silver 5, Bronze 5 Developmental 2

<b><u>Monday</u></b>	<b><u>Tuesday</u></b>	<b><u>Wednesday</u></b>	<b><u>Thursday</u></b>	<b><u>Friday</u></b>	<b><u>Saturday</u></b>
Gold 4:00-6:00	Gold 4:00-6:00	Gold 4:00-6:00	Gold 4:00-6:00	Gold 4:00-6:00	Gold
Silver 4:00-5:30	Silver 4:00-5:30	Silver 4:00-5:30	Silver 4:00-5:30	6:00	7:30-9:30
Bronze 5:45 - 7:45	Bronze 6:15-7:15	Bronze 6:15-7:15	Bronze 6:15-7:15	Silver 4:00-5:30	
	Dev 6:15-7:00		Dev 6:15-7:00		

**Desired Start Date:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Month                      Day                      Year

**Cost:** Gold \$50/Month  
 Silver \$50/Month  
 Bronze \$45/Month  
 Developmental \$45/Month

**Step Four – Monthly Payment Set Up & Initial Month Payment**

**Monthly Fee**

I agree to pay the Monthly Fee of \$ \_\_\_\_\_ on a recurring basis beginning the month of \_\_\_\_\_. I authorize SURGE, without further notice, to withdraw the Monthly Club fee from the financial account designated for payment (EFT) of my Monthly swim lesson fees between the first and fifth of each month. I am an account holder and I have actual authority to use the credit card or bank account with which my Club Fee payments will be made. In order to cancel or withdraw authorization for this recurring Monthly Lesson Fee payment, I agree to follow the Cancellation policy and understand that I must give notice of cancellation before end of the month before my EFT can be cancelled.

I have read this agreement and thoroughly, understand all terms, received a copy if I request it, and have knowingly and voluntarily signed it.

If participant is under 18 years of age: I, the undersigned parent or legal guardian of the participant, hereby execute the foregoing for and on behalf of the participant.

I, the undersigned persons, waive and release SURGE Aquatics, LLC. who operates out of Hancock High School, from all claims. It is expressly agreed that all use of the above-named facilities shall be undertaken at my sole risk, and the above-named facilities shall not be liable for injuries, loss, or damages including without limitation, those injuries, loss, or damages resulting from acts of active or passive negligence on the part of the aquatic centers, it's owners, officers and employees or agents.

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X \_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**INFORMATION FOR CARD TO BE KEPT ON FILE**

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\_\_\_\_\_  
Cardholder Name                      Credit Card Number                      Type                      Exp. Date                      Zip                      Sec Code

X \_\_\_\_\_  
Signature of Cardholder