



U.S. Masters Swimming Registration

For Office Use Only:

DT_____

POS_____

EFT_____

Start Date:____/____/____

Participant's Name(s):_____ Age:_____

Home Phone:_____ Cell Phone:_____

Email:_____

Emergency Contact Name:_____ Phone:_____

Monthly Tuition:

Members \$70/month | Non-members \$85/month

Attend 1 or all weekly sessions:

- **TUESDAYS** 6:00-7:00PM, Outdoor Pool
- **THURSDAYS** 6:00-7:00PM, Outdoor Pool
- **SUNDAYS** 2:00-3:00PM, Indoor Pool

BILLING PREFERENCE:

☐ Check

☐ Cash

☐ Pre-pay

☐ Card on File

☐ Credit Card

Credit Card Type:_____ Card Number:_____ Exp. Date:____/____

I understand that to be considered for enrollment, the first month's tuition must accompany this registration form. All regular monthly payments must be made by Electronic Funds Transfer (EFT). Please complete the Aquatics Department EFT Agreement on reverse side of form.

I hereby authorize Hockessin Athletic Club to enroll me in the above indicated services. I understand that the Registration Fees are non-refundable. I have read, understand, and agree to all HAC Swim Academy Policies and Procedures.

Signature:_____ Date:_____

Membership #: _____

Join USMS at www.usms.org or by calling 800-550-7946. Membership in our region is \$70.00 per year.



EFT Agreement

I hereby authorize Hockessin Athletic Club (HAC), to initiate debit entries in the amount of **\$70.00 per month** as a member or **\$85.00 per month** as a non-member on or about the 10th of every month to my checking, savings, or credit card account. I hereby authorize HAC to initiate a correcting credit or debit entry to my account on the condition that HAC has sent or delivered to me written notification of such correction and reason thereof. I understand that it is my responsibility to notify HAC of any changes to my banking information. There will be no refunds if membership is cancelled. The withdrawal form (available in the Aquatics Department) must be submitted 14 days prior to termination of services. The Aquatics Department and/or HAC will not issue refunds for billing that was not stopped without the regular 14 day notice and a complete withdrawal form.

Starting Month ____/____/____ and automatically renewing month to month until December of current year. (Initial ____)

Rejected EFT charges on credit cards or checking/savings accounts are subject to a **\$25.00** service charge.

☐ I acknowledge that all EFT charges will be billed in the same method as my HAC dues are charged.

This authority is to remain in full force and effect until the Aquatics Department or HAC has received a **completed withdrawal form 14 days prior to termination (Initial ____)** as to afford HAC a reasonable opportunity to act on it and in no event shall it be effective with respect to entries processed by my bank prior to receipt of notice of termination.

I have read and understand this Agreement.

Member Name: _____

Signature: _____ Date: ____/____/____