

TRINITY FELLOWSHIP CHURCH

Education Ministry since 1994

Genesis Academy Christian School, Pre-K thru 12th Grade

Sports Ministry since 1997

Team Genesis/
LOVE Swimming

Trinity Fellowship Church Sports Ministry LOVE Swimming & Sports Programs, Camps, Clinics & Private Coaching Registration & Sign-Up Form

Swimmers practicing at the Jefferson County YMCA are not required to have a YMCA Membership

Last Name: _____ First Name: _____ Middle Name: _____

D.O.B.: _____ Age: _____ Male/Female: _____ Race/Ethnicity: _____

Do you have medical insurance? Yes _____ No _____

Youth T-Shirt Size: Circle One: – Small - Medium – Large - X-Large

Adult T-Shirt Size: Circle One: Small - Medium - Large - X-Large - 2X - 3X

Street Address: _____ Email: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work #: _____ Fax#: _____

Parent(s)/Guardian(s) Name: _____

Emergency Contact: _____ Phone #: _____

I am signing-up for the following program(s):

(Please check all that apply)

Competitive Swimming Swim America (Pre-School – School Age – Adult) Private Technical Coaching
 Swim Camps Technique Clinics

A \$25 non-refundable and non-transferable deposit (includes Sports Insurance) is required at the time of registration to reserve your place in our programs, camps & clinics. Program, Camp or Clinic payment is due upon acceptance.

NO DEPOSIT & NO PAYMENT IS REQUIRED FOR "FREE" SWIM CLINIC

For Program, Camp & Clinic Fees see our Fee Schedule & Payment Policy

Your \$25 non-refundable Deposit is to accompany this Sign-up Form

Credit Card Payment Information:

(Credit/Debit Card Information along with this Sign-up Form can be faxed to 573-358-7727)

Master Card Visa Discover

Account #: _____ Expiration Date: _____

Signature: _____

Credit/Debit Card Instructions: _____

A \$25 non-refundable and non-transferable deposit (includes Sports Insurance) is required at the time of submission of this registration sign-up form to reserve your place in any of our programs. Payment can be made by check, money order, cash, credit or debit card. For LOVE Sports fees see our Fee Schedule & Payment Policy. Depending on your sign-up selection further registration fees if applicable will become due upon your acceptance.

8144 Terre Bleue Drive * P.O. Box 184 * 573-358-7727 Office/Fax * 573-366-0410 Cell

Email: chico@i1.net * Web Address: www.loveswimming.org

“Love one another. As I have loved you, so you must love one another”. John 13:34

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PROCESSING OF THIS SIGN-UP FORM AND NON-REFUNDABLE \$25 DEPOSIT, CAN TAKE UP TO 2 WEEKS BEFORE AN ATHLETE CAN OFFICIALLY START.

Note: Athlete information below is required if Athlete has an IEP or BMP Plan. Athlete Parent/Guardian is to complete this information if Athlete is under 18 years old.

Do you have an Individual Educational Plan (IEP)? _____ Yes or _____ No

Do you have a Behavior Management Plan (BMP)? _____ Yes or _____ No

If yes, please attach the IEP/BMP to this form. This sign-up will be forwarded to our Sports Ministry Board. You will need to allow up to 2 weeks in addition to the regular processing of your sign-up time if you have an IEP/BMP.

Do or does you or your child have a Chronic or Severe Health Condition? (asthma, heart disease, blood pressure, seizures, depression, bronchitis, diabetes, severe allergies, etc.)?

_____ YES or _____ NO

Have you ever been convicted of a felony? _____ Yes or _____ No
(conviction will not necessarily disqualify you from LOVE Sports)

I understand that my participation in AAU & USA Sport activities may involve risk and dangers of serious and permanent bodily/mental injury and/or death. I, and or my parent/guardian if I am a minor hereby release, hold harmless, discharge and agree not to sue Trinity Fellowship, Team Genesis Sports, LOVE Sports, USA Swimming and or AAU of USS, Inc., its Clubs, Directors, Officers, Employees, Coaches, Officials, Volunteers, Owners/Lease of Premises for any and all liability physical or otherwise including the Teams Website publications which may include all Swim Team Members and their families and my participation in these and any other USA and AAU related activities.

Note: Parent/Guardian Signature required if ATHLETE is under 18 years old.

Athlete Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Deposit/Payment Type Received with Sign-up Form:

_____ Cash _____ Check _____ Check# _____ Credit/Debit Card Amount: _____

How did you learn about Trinity Fellowship Sports Ministries Team Genesis/LOVE Swimming?

Advertisement: ___ Friend: ___ Relative: ___ School: ___ Other (describe): _____

Office Use Only:

Received by: _____ Date: _____

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