

SWIM PERFORMANCE TRAINING REGISTRATION FORM
& "small print"
11-Week Summer Session June 6-August 25, 2017

Circle YOU: Novice Group Wed/Fri Advanced Group Tues/Thurs Full-Time Swimmer Part Time Swimmer

NAME:

EMAIL ADDRESS:

TEXTING & PHONE NUMBER(S):

MAILING ADDRESS:

THE small print, a.k.a., POLICIES AND PROCEDURES

In an effort to clarify and be more transparent about the SPT philosophy and pricing model, please review this information in its entirety and **sign below**. With the exception of the new program, all information has always, and will continue to be, available on the website.

It's my philosophy that Group Swim Performance Training is like a "pool membership" with the accountability of a group under the guidance of an experienced coach. Each day builds from the previous, each session builds upon the previous which in turn, builds throughout the entire year. This is how you will realize performance and technique improvement!

PAYMENT PLANS; No longer available. (Special request only)

PRICING POLICY- FULL TIME SWIMMER- Swim Performance Training is your accountability partner and is designed to help you keep on schedule with swimming **TWICE A WEEK FOR THE ENTIRE SESSION**. If you miss, you will not be reimbursed. There are exceptions to this;

- **PRORATED FEES**; I must be notified at the beginning of the session If there are several dates or a block of dates (spring break, family vacation, extended work travel) where you know you will be absent. I will work with you on prorating your fees. If you don't know what those dates are at the time of registration then your absences fall under **UNPLANNED ABSENCES** and make-up procedures apply.
- **MAKE-UP SWIMS & UNPLANNED ABSENCES**; You may attempt to make up unplanned absences (illness, occasional misses due to work or family circumstances) on an alternate day with the "other group." Keep in mind though that the "other group" has priority and you will need to be patient as your speed and ability may not match that of the other group. No additional lanes will be rented so if the group is sold out or full on the day you want, you will have to try another day.

IT'S IMPORTANT TO NOTIFY ME AHEAD OF TIME IF YOU KNOW YOU WILL NEED TO MISS A RANDOM DAY(S). THIS WAY I CAN OFFER MAKE-UP SWIMS!

WRITTEN PRACTICES; Full-time session registrants can always request the workout for the day if you need to swim on your own outside of the group. (if you would like a formal swim training plan to do on your own, contact me directly. Fees apply)

NEW! PART TIME SWIMMER & BANKED SWIM OPTION: If you are only able to attend random practices due to work or family vacation constraints, you can register as a PART TIME SWIMMER in the appropriate group and buy BANKED SWIMS. (Limited number of packages available).

- Each swim will be \$30 and you must pre-pay in 5-swim increments (\$150). Discounts are not available with this plan.
- You MUST make a reservation(s) as far in advance as possible so I can save you a spot.
- If you make a reservation and don't cancel 48 hrs in advance, or are a "no show," you will be charged for the swim with no make-up opportunity (make up spots saved for full time registrants).
- "Banked Swims" expire at the end of the 2017 Summer Session but can be transferred to someone else during this time... but what kind of accountability would that be?!

GROUP MINIMUMS: All groups subject to 3 person minimum and 3 people per lane. Up to 9 max **REGISTERED** participants in 3 lanes. (Groups may be combined or cancelled accordingly.)

- **MAKE UP SWIMMERS-** if ability matches that of the group, may increase to four per Lane

DISCOUNTS: Members of the Central Ohio Triathlon Club, JustTri, and other coaching partner group participants get 10% discount. There will be a place for you to designate your discount eligibility when you sign up and /or use pay pal. **There are no discounts available with the part time swimmer/ banked swim options.

NECESSARY TRAINING TOYS- Pull buoy, hand paddles, kick board, zoomers (short blade fins) cap, goggles, old bike tube, rehab band or ankle straps. Swim Suit optional.

I, _____, have read the "small print" and understand the philosophy of Group Swim Performance Training and its pricing policies. I also acknowledge that I have signed the **MEDICAL RELEASE**. Further, I promise to do my best in attending each and every practice, counting my distance and watching the pace clock so that I can see my hard work pay off as my swim times take a dive on race day!

Date: _____

Admin only

Date Amount Paid in Full: _____ Method: _____

Medical Release signed: Y N

MEDICAL RELEASE

Tracy Hendershot and the Don't Sweat the Swim Group Swim Performance Training Sessions
and Private Swim Lessons

Tracy Hendershot and the Don't Sweat the Swim, Group Swim Performance Training Programs and private swim lessons are concerned with the health and well-being of its athletes and those who participate in training programs. However, we do not provide physical examinations for any athletes who train in our programs. Therefore, it is necessary for such individuals to certify that they are in adequate physical condition to participate in the training programs that are provided and to release Tracy Hendershot from liability for not providing medical examinations, athletic trainer's examinations or physical fitness assessments. Tracy Hendershot urges all athletes who participate in any of programs to have a physical examination before any of your training begins. I (print name of athlete), _____ warrant that I am in adequate physical condition for the purpose of participating in SwimWithTracy Swim Performance Training programs. I am informed that Tracy Hendershot and her respective trainers as well as her employees and assistants, if any, are not responsible for knowing my physical condition at this time. Further, Tracy Hendershot and her trainers as well as employees and assistants, if any, are not responsible for granting me medical clearance to participate in SwimWithTracy and Don't Sweat the Swim training programs. In consideration for Tracy Hendershot granting him/her permission to engage in said training programs, I hereby release Tracy Hendershot and her SwimWithTracy Swim Performance Group Training Don't Sweat the Swim or private one-on-one training sessions from any and all liability, claims, costs, expenses, injuries or losses that I (print name of athlete), _____ may have, attributable in whole or in part to my not having been physically examined by a physician. Further, I hereby assume the risk of any and all injuries, even those that are life threatening that occur as a result of participation in training programs with Tracy Hendershot.

Athlete's Name (please print) _____

Athlete's Signature _____ Date _____

Parent Signature if Under Age 18 _____