



300 Taylor Notion Rd.  
Cape Carteret, NC 28584  
(252) 393-1000 [ccaw.net](http://ccaw.net)



**Athlete Information:**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Last First

**Parent/Guardian Information:**

Name: \_\_\_\_\_  
Last First

Contact: \_\_\_\_\_  
Phone Email

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

*Athletes will tryout with a coach to assess which team they will join.*

SWIM TEAM MEMBERSHIPS		
<p><b>White Team</b></p> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto;"></div> <p>\$50.00 monthly practice 1x a week</p>	<p><b>Green Team</b></p> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto;"></div> <p>\$60.00 monthly practice 2x a week</p>	<p><b>Blue Team</b></p> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto;"></div> <p>\$70.00 monthly practice 3x a week</p>

**Fees and Dues:** The total fees due at signing consist of first month of swim club dues. MONTHLY AUTOMATIC DEBIT is required.

**Buyer's Right to Cancel**

By athlete/guardian signature below, athlete hereby agrees to the terms and conditions of swim team membership, acknowledges receipt of a fully completed copy of this agreement and the rules and regulations of the facility and swim team. This agreement may be cancelled by athlete/guardian upon written notice to the club prior to midnight of the third business day after the date of the agreement.

\_\_\_\_\_  
Club Representative Date Athlete/Guardian Date

**Athlete Release:** As an athlete/guardian of athlete participating in swim team activities at The GYM Cape Carteret Aquatic & Wellness Center, the athlete intends to and will engage in strenuous physical activities and practices on CCAW's premises. I understand that these physical activities involve certain risk and exposure to personal injury, which risks and exposures the athlete voluntarily assume for themselves and any member of their family, including any accompanying children. I hereby release in full and forever discharge CCAW, its Directors, Offices, Shareholders, Agents, and Employees, where acting officially or otherwise, on behalf of myself or any member of my family, our Representative, Heirs, Executors, Administrators and Personal Representative from any and all claims, demands, or causes of action relating to or deriving from any injury to me or any loss or damage to my property or the property of my family, during or arising out of the use of CCAW facilities or participation on the swim team while at CCAW.

\_\_\_\_\_  
Athlete/Guardian Signature Athlete/Guardian Printed Name Date

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## **Please read each policy and sign below**

**Freezes on Team Dues:** Athlete/Guardian may place their team dues on freeze for a period of no less than one month and no longer than three months.

**Cancellation Policy:** Athlete/Guardian may cancel their team dues by providing written notice to the front desk by the 25th of the month.

**Billing Cycle: Swim Team billing occurs on the 1st of each month.** If the date falls on a weekend or holiday it will be processed the next business day.

**Return/Decline Fee:** Returned payments such as returned checks or EFT drafts that are unable to be collected on your designated bill date (automatic drafts to a credit card or from a bank account) will be subject to a \$25.00 return fee/or late fee.

**Refunds:** Any and all requests for refunds of any type will need to reviewed and authorized by gym management.

**Financial Responsibility:** Athlete(s) or person(s) who has/have provided financial information for billing is fully responsible for any and all fees incurred by themselves or any athlete they have provided billing information for.

**Changes:** Changes that will affect the billing amounts in any way can only be done by the athlete/guardian who has provided billing information. Any demographic changes can be done by the athlete themselves.

**Club Rules:** Swim Team Athletes must abide by the swim team rules and the facilities rules. No profanity or other for language. No glass items are permitted in the shower or pool area. No food is permitted on the fitness floor. No alcohol, or other illegal substance use is permitted. No smoking or vaping on ENTIRE premises permitted. All injuries must be reported immediately to staff. Athletes/Members are required to wear appropriate swimsuits in the pool area. Swimwear is not permissible attire on the fitness floor. Club Management reserves the right to require such adjustments as it deems appropriate to the proper club environment.

**Security:** The building and club premises are under 24-hour surveillance. Whether you are working out, participating in swim team activities, entering/leaving the building/restrooms, your activities are recorded. This video system is used for security purposes. The surveillance system does not protect you from harm in or on the building premises. You must use caution when entering or leaving the building. We are equipped with an emergency phone at the front desk. This phone is designed to dial 911 in the event you feel either threatened or in need of medical help. Local police and EMS have direct access keys to our facility.

**Media Release:** I hereby authorize Tidalwaves, Swim Team at The GYM and The GYM Cape Carteret Aquatic & Wellness to use my photo and/or information related to my experiences with the Tidalwaves, Swim Team and The GYM Cape Carteret Aquatic & Wellness. I understand this information may be used in publications, including electronic publications, audiovisual presentations, promotional literature, advertising, community presentations, letters to area legislators and media and/or other similar ways. My consent is freely given as a public service to Tidalwaves Swim Team at The GYM, without expecting payment. I release The GYM Cape Carteret Aquatic & Wellness and their respective employees, officers and agents from any and all liability which may arise from the use of such news media stories, promotional materials, written articles, videotape and/or photographs. I understand that I can revoke this release any time in writing and that the use of any of my photos or other information authorized by this release will immediately cease.

I have read and understand the above policies.

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*Athlete/Guardian Signature*

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*Date*