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April, 2017

***Dear Prospective and Returning Pool Member,***

Thank you for your interest in High Point Swim Club (HPSC). The snow has melted and hot sunny days are right around the corner (really – they are). Now, if you are looking for a fun place to take your kids swimming this summer, then your search is over.

About Us

High Point Swim Club is a friendly neighborhood pool that has been around for 24 years. We are located on the west side of Madison on High Point Road, just a few blocks north of Old Sauk Road (inside the beltline). The pool is open seven days a week from Memorial Day to Labor Day. We also have swim and dive teams that compete locally throughout the summer.

Membership

We can say with confidence that if you try out High Point... you will like it. And the numbers don't lie. Our membership has steadily been growing the past five years. We want to keep that momentum going!

2017 HPSC Rates:

- New and Renewals Family Membership – \$775
- 10-year Family Renewal (no kids activities) – \$480
- Couples – \$480
- Singles – \$345
- Senior couples (over the age of 60) – \$300
- Senior singles (over the age of 60) – \$200

What's Included?

First (and maybe most importantly), HPSC offers eight weeks of swim lessons for your children taught by experienced instructors at all different skill levels. We also plan a full calendar of events throughout the summer that are fun for the whole family – including “dive-in” movie nights, a High Point triathlon for the kids, and various adult social events. Of course, we invite you to join our swim/dive teams – see the included information.

Be sure to check out our website for all the latest information. [www.highpointswimclub.com](http://www.highpointswimclub.com)

**Thanks again...** and we hope to see you at the pool this summer!

***High Point Swim Club Board of Directors***



**NEW & RENEWAL MEMBER FORMS**

**Payment Information**

Family Name: \_\_\_\_\_ Member # \_\_\_\_\_

**PLEASE RETURN THE FOLLOWING:**

- 1) Dues payment
- 2) Completed PAYMENT information form
- 3) Completed FAMILY and CHILDREN information forms

**NEW MEMBERS**

Enter name of current member that referred you to High Point or other means/media (i.e. Neighborhood association newsletter, flyer, web-site, pool staff)

**ANNUAL DUES**

\$ 345 – Single (must be 18 years old or older)  
 \$ 480 – Couple  
 \$ 775 – Family  
 \$ 480 - Family, 10-yr. members, no children programs, including:  
 swim lessons, water ballet, swim/dive team

SENIOR RATES (age 60 and Over)

\$ 200 – Single  
 \$ 300 – Couple

\$

**VOLUNTEER BUYOUT**

\$ 100 – Volunteer Buyout

\$

**VOLUNTARY CONTRIBUTION(S)**

Shade Fund    \$ 25    \$ 50    \$ 100    \$ Other

\$

**TOTAL SUMMARY**

Total Enclosed    \$

Check Number

**REMITTANCE INFORMATION**

Date Received    /    /2017

**Return Payment and Completed Forms To:**

High Point Swim Club  
 P.O. Box 628343  
 Middleton, WI 53562



**NEW & RENEWAL MEMBER FORMS**

**Family Information**

Family Name: \_\_\_\_\_ Member # \_\_\_\_\_

Membership Number		Date Received/Amount
Family Name		
Street Address		
City, State, ZIP		
	Spouse/Parent (1)	Spouse/Parent (2)
First and Last Name		
HOME Contact Number		
WORK Contact Number		
CELL Contact Number		
E-Mail Address 1:		
E-Mail Address 2:		
<i>I have read the policies, rules, and regulations, volunteer policy of HPSC and all family members listed have agreed to abide by them. See website at: <a href="http://www.highpointswimclub.com">www.highpointswimclub.com</a> Please Sign**</i>	<i>Signature Required</i>	<i>Signature Required</i>
<b>Emergency Contact Information</b>		
First and Last Name		
Relationship		
Contact Number 1: (home, work, cell)		
Contact Number 2: (home, work, cell)		
Contact Number 3: (home, work, cell)		
In case of emergency, HPSC staff has permission to allow medical treatment to be administered to my child. (Circle one)	Yes	No
Primary Physician		
Clinic		
Hospital		



**NEW & RENEWAL MEMBER FORMS**

**Children Information**

Family Name: \_\_\_\_\_ Member # \_\_\_\_\_

**CHILD (1)**

First and Last Name:

Preferred First Name: Gender:

Birth Date: Most recent lesson taken, level, status:

NOTES:

**CHILD (2)**

First and Last Name:

Preferred First Name: Gender:

Birth Date: Most recent lesson taken, level, status:

NOTES:

**CHILD (3)**

First and Last Name:

Preferred First Name: Gender:

Birth Date: Most recent lesson taken, level, status:

NOTES:

**CHILD (4)**

First and Last Name:

Preferred First Name: Gender:

Birth Date: Most recent lesson taken, level, status:

NOTES:

**CHILD (5)**

First and Last Name:

Preferred First Name: Gender:

Birth Date: Most recent lesson taken, level, status:

NOTES:

**The following pages are for  
families interested in joining  
Swim and Dive Team.**



**Swim and Dive Team Information**  
 Family Name: \_\_\_\_\_ Member # \_\_\_\_\_



April 2017

Prospective Swim and/or Dive Team Families,

**We encourage every family to register on the pool website [highpointswimclub.com](http://highpointswimclub.com) via the SHOP button.** The online registration is fast and easy to use. Remember to check the website for practice times, meet schedules and other events throughout the summer!

Jacki Spiel will be our head coach with Robin Hartung and Gabby Sanchez as co-assistant head coaches. The assistant swim coaches are Alex Battaglia, Dean Zillner, Rory Sanchez and Nathan Squire.

Cyndie Zocher is returning as our head dive coach and will have two assistant coaches working with her.

Swim Team evening practice begins on Tuesday, May 30, and morning practice begins on Monday, June 5. There will be an intrasquad meet on June 10. This is a practice meet for parents and swimmers to have fun and learn about how swim meets operate.

Dive Team practice begins on Monday, June 12.

Registration fees are shown below and cover the cost of a white team t-shirt used for tie dye day, All-City splash fees, Friday treats, the pre-season splash off pizza party, operational costs, and more.

**Key Dates**

- April 23** Open House at Simply Swimming
- May 30** Swim Team pre-season evening practice begins
- June 4** Splash-off Pizza Party and Orientation at the pool
- June 4** Deadline for early discount fee\*
- June 5** Swim Team regular season morning practice begins
- June 12** Dive Team practice begins
- June 21** High Point Invitational (for swimmers 12 and under, additional \$15 fee)
- July 12** Team trip to Noah’s Ark Waterpark

**Registration Fees until June 4, 2017\***

	<u>Swim Team</u>	<u>Dive Team</u>	<u>Swim &amp; Dive Team</u>
Ages 4 – 14	\$65	\$65	\$80
Ages 15 – 18	\$25	\$25	\$30
First Mates**	\$35		

\*\*For 8 and under swimmers that are not confident in their ability to swim a 25-yard race.

\*Prices reflect an early discount fee. After June 4, 2017, a \$25 late fee will be assessed per family.

Swim & Dive Team Booster Club Co-Presidents,  
 Matt Vanderloo ([matt.vanderloo@gmail.com](mailto:matt.vanderloo@gmail.com)) and Julie Jensen ([thejensens@tds.net](mailto:thejensens@tds.net))



## Swim and Dive Team Registration

Family Name: \_\_\_\_\_ Member # \_\_\_\_\_



**CHILD #1:** First Name: \_\_\_\_\_  
 Age as of June 1, 2017: \_\_\_\_\_  
 Team (circle one):                      Swim                      Dive                      Both  
 T-shirt size (circle one):    YS    YM    YL    YXL    AS    AM    AL    AXL

**CHILD #2:** First Name: \_\_\_\_\_  
 Age as of June 1, 2017: \_\_\_\_\_  
 Team (circle one):                      Swim                      Dive                      Both  
 T-shirt size (circle one):    YS    YM    YL    YXL    AS    AM    AL    AXL

**CHILD #3:** First Name: \_\_\_\_\_  
 Age as of June 1, 2017: \_\_\_\_\_  
 Team (circle one):                      Swim                      Dive                      Both  
 T-shirt size (circle one):    YS    YM    YL    YXL    AS    AM    AL    AXL

**CHILD #4:** First Name: \_\_\_\_\_  
 Age as of June 1, 2017: \_\_\_\_\_  
 Team (circle one):                      Swim                      Dive                      Both  
 T-shirt size (circle one):    YS    YM    YL    YXL    AS    AM    AL    AXL

**CHILD #5:** First Name: \_\_\_\_\_  
 Age as of June 1, 2017: \_\_\_\_\_  
 Team (circle one):                      Swim                      Dive                      Both  
 T-shirt size (circle one):    YS    YM    YL    YXL    AS    AM    AL    AXL

T-shirt is a white team t-shirt given to each team member to be used for tie dye day.  
***Please note: T-shirts cannot be guaranteed for registrations received after June 4.***

### Team Fees\* with Early Bird Discount

**Swim Team**

Ages 4-14    \_\_\_\_\_    @ \$65/child                      \$ \_\_\_\_\_  
 Ages 15-18    \_\_\_\_\_    @ \$25/child                      \$ \_\_\_\_\_  
 First Mates    \_\_\_\_\_    @ \$35/child                      \$ \_\_\_\_\_

**Dive Team**

Ages 4-14    \_\_\_\_\_    @ \$65/child                      \$ \_\_\_\_\_  
 Ages 15-18    \_\_\_\_\_    @ \$25/child                      \$ \_\_\_\_\_

**Swim and Dive Team**

Ages 4-14    \_\_\_\_\_    @ \$80/child                      \$ \_\_\_\_\_  
 Ages 15-18    \_\_\_\_\_    @ \$30/child                      \$ \_\_\_\_\_

**Total Required Fees Due by June 4, 2017**                      \$ \_\_\_\_\_



**Swim and Dive Team Registration**  
 Family Name: \_\_\_\_\_ Member # \_\_\_\_\_



**Optional Fees**

**HPSC 12 and Under Swim Invite (June 21)**

\*Only children ages 12 and under may swim in the Invite. Age is determined by child's age prior to June 1, 2017.

\_\_\_\_\_ @ \$15/child \$ \_\_\_\_\_  
 # of Children

**HPSC 12 and Under Swim Invite Event Sponsorship**

\_\_\_\_\_ @ \$15/event \$ \_\_\_\_\_

Event to be sponsored (circle gender, age and event):

Gender:    Boy            Girl  
 Age:        6 & Under    7        8        9        10        11        12  
 Event:      Free    Back    Breast    Fly    I.M.

**All City Food Drive Voluntary Donation (2<sup>nd</sup> Harvest Food Pantry)**    \$ \_\_\_\_\_

**Extra white team t-shirt(s) for tie dye day\*:**

\_\_\_\_\_ @ \$10 each    size(s) \_\_\_\_\_ \$ \_\_\_\_\_  
 # of t-shirts

***\*T-shirts cannot be guaranteed for registrations received after June 4.***

**Total Optional Fees** \$ \_\_\_\_\_

**Payment Totals**

**Total Required Fees** (from previous page) \$ \_\_\_\_\_

**Total Optional Fees** (from above) \$ \_\_\_\_\_

**\$25 per Family Late Fee** (if registering after June 4) \$ \_\_\_\_\_

**Total Swim and Dive Team Fees** \$ \_\_\_\_\_

**\*PLEASE INCLUDE THE LIABILITY WAIVER AND CONCUSSION AGREEMENT. MAKE SURE FORMS ARE INITIALED AND SIGNED. THESE FORMS ARE MANDATORY FOR PARTICIPATION ON THE TEAM.**

**Please make check payable to HP Booster Club.**

**Mail Swim and Dive Team Registrations Forms and payment to:**

Harriet Tatoes  
 7501 Red Fox Trail  
 Madison, WI 53717

**Questions? Email: [swimteamcoordinator@highpointswimclub.com](mailto:swimteamcoordinator@highpointswimclub.com)**





**Swim and Dive Team Registration**  
**Family Name: \_\_\_\_\_ Member # \_\_\_\_\_**  
**RELEASE AND WAIVER OF LIABILITY**



**ASSUMPTION OF RISK AND INDEMNITY AGREEMENT** IN CONSIDERATION of access to and use of the facilities of the member pools and their respective legal owners (Hawks Landing Pool, High Point Pool, Hill Farm Pool, Maple Bluff Country Club, Middleton Swim Club, Monona Swim Club, Nakoma Country Club, Parkcrest Pool, Ridgewood Pool, Seminole Pool, Shorewood Pool, and West Side Pool, collectively referred to as the "Hosts") of the All-City Swim/Dive League, Inc. (the "League") for use in events by the Hosts and the League, THE UNDERSIGNED, in his/her individual capacity as well as parent or guardian of the below listed minor child/children (the "Children"), for himself/herself, his or her personal representatives, heirs, and next of kin:

1. HEREBY WARRANTS AND REPRESENTS that: (i) he or she understands that the particular activities which the Children may undertake at the Facilities may involve vigorous physical exercise, including by way of example swimming, diving, exercise, and prolonged or peak physical activity, as well as use of recreational equipment or other devices located at the Facilities (collectively, the "Activities"); (ii) he or she understands that there are significant risks associated with participation in the Activities, including by way of example the possibility of serious injury or death caused by falling, exertion, physical activity, drowning, accident, injury related to use of equipment or devices, or injury caused by or inflicted by the acts or negligence of other participants; and (iii) the Children are in sufficient physical condition and are physically able to undertake all Activities, and have no disability, impairment or ailment preventing him or her from active or passive exercise, or that will be detrimental to his or her health, safety, comfort or condition if he or she does so engage or participate.

\_\_\_\_\_ [initial]

2. HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the League, its directors, officers, agents and employees (the "Releasees") FROM ALL LIABILITY, TO THE CHILDREN AND THE UNDERSIGNED, their personal representatives, assigns, heirs, and next of kin FOR ANY AND ALL LOSS OR DAMAGE, AND ANY CLAIM OR DEMANDS THEREFOR ON ACCOUNT OF INJURY TO THE PERSON OR PROPERTY OR RESULTING IN DEATH OF THE CHILDREN ARISING OUT OF OR RELATED TO THE ACTIVITIES OCCURRING WHILE AT THE FACILITIES, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE (BUT NOT INCLUDING INTENTIONAL OR RECKLESS ACTS OF THE RELEASEES).

\_\_\_\_\_ [initial]

3. HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the Releasees and each of them FROM ANY LOSS, LIABILITY, DAMAGE, OR COST the Children or the Undersigned may incur arising out of or related to THE ACTIVITIES WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE (BUT NOT INCLUDING INTENTIONAL OR RECKLESS ACTS OF THE RELEASEES).

\_\_\_\_\_ [initial]

4. HEREBY ACCEPTS THE RISK AND ASSUMES FULL RESPONSIBILITY FOR ANY RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE TO THE CHILDREN arising out of or related to THE ACTIVITIES whether caused by the NEGLIGENCE OF RELEASEES or otherwise (BUT NOT INCLUDING INTENTIONAL OR RECKLESS ACTS OF THE RELEASEES), and furthermore acknowledges, pursuant to the recreational activities statute, Wis. Stat. § 895.525, that the Children have a responsibility to act within the limits of his or her ability, to heed all warnings regarding participation in the recreational activity, to maintain control of his or her person and any applicable equipment or devices, and to refrain from acting in any manner that may cause or contribute to death or injury for himself or herself or to other persons.

\_\_\_\_\_ [initial]

5. HEREBY acknowledges that prior to signing this Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement, the Undersigned has had the opportunity to contact a representative of the League to discuss and/or bargain regarding any of the terms set forth herein.

\_\_\_\_\_ [initial]

**I HAVE READ THIS RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE OR GUARANTEE BEING MADE TO ME AND INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.**

Full Name and Age of Child/Children Covered by this Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

\_\_\_\_\_

Signature of Parent or Guardian

\_\_\_\_\_

Date

[FOR USE BY MEMBERS WITH MINOR CHILDREN Rev.11-06]



**Swim and Dive Team Registration**  
 Family Name: \_\_\_\_\_ Member # \_\_\_\_\_  
**CONCUSSION PARENT & ATHLETE AGREEMENT**



**As a Parent and as an Athlete it is important to recognize the signs, symptoms, and behaviors of concussions.** By signing this form, you are stating that you understand the importance of recognizing and responding to the signs, symptoms, and behaviors of a concussion or head injury.

**Parent Agreement:**

I \_\_\_\_\_ have **read** the Parent Concussion and Head Injury Information and **understand** what a concussion is and how it may be caused. I also understand the common signs, symptoms, and behaviors. I agree that my child/children must be removed from practice/play if a concussion is suspected.

I understand that it is my responsibility to seek medical treatment if a suspected concussion is reported to me.

I understand that my child cannot return to practice/play until providing written clearance from an appropriate health care provider to his/her coach.

I understand the possible consequences of my child returning to practice/play too soon.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**List children under 18 years old:**

_____	_____
_____	_____
_____	_____

**Adult Athlete Agreement (18 years or older):**

I \_\_\_\_\_ have **read** the Athlete Concussion and Head Injury Information and **understand** what a concussion is and how it may be caused.

I understand the importance of reporting a suspected concussion to my coaches and my parents/guardian.

I understand that I must be removed from practice/play if a concussion is suspected. I understand that I must provide written clearance from an appropriate health care provider to my coach before returning to practice/play.

I understand the possible consequence of returning to practice/play too soon and that my brain needs time to heal.

**Athlete Signature** \_\_\_\_\_ **Date** \_\_\_\_\_