

# 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 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/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  United States Masters Swimming (USMS)  Swim America Learn to Swim  
(Youth/Adult)  Private Technical Coaching  Swim Camps  Swim 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 \* Bonne Terre, Missouri 63628

Office/Fax: 573-358-7727 \* Cell: 573-366-0410

Email: [chico@il.net](mailto:chico@il.net) \* Web Address: [www.loveswimming.org](http://www.loveswimming.org)

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

# TRINITY FELLOWSHIP CHURCH

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 the 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 – Payment Date \_\_\_\_\_ & 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: \_\_\_\_\_

8144 Terre Bleue Drive \* P.O. Box 184 \* Bonne Terre, Missouri 63628

Office/Fax: 573-358-7727 \* Cell: 573-366-0410

Email: [chico@il.net](mailto:chico@il.net) \* Web Address: [www.loveswimming.org](http://www.loveswimming.org)

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