Flambeau Area Swim Team
2026 - 2027 Family Handbook Signature Page

The following must be initialed by a parent/guardian and signed.

_____ I hereby acknowledge that I received and read the FAST 2026 - 2027 family handbook.

_____ I agree to pay my 2026-2027 FAST swim fees. I understand that fees are payable in a lump sum or in two payments. 50% of fees are due by November 1, 2026. Remaining fees are due by December 1, 2026.

_____ I have read the swimmer expectation with my swimmer(s) and agree to ensure they abide by the above expectations and consequences put forth by the FAST board and coaches.

_____ I understand that failure to comply with the parent exception codes may result in appropriate action as determined by the Flambeau Area Swim Team Board. This may include having membership terminated.

_____ I have read and understand the Volunteer Policy.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____

The following must be signed by both the swimmer (one per swimmer) and parent/guardian.

I choose to accept the responsibility set out in the swimmer expectations and in doing so, I agree to abide by the consequences set forth by the FAST Board and coaching staff.

Swimmer Name: _____

Swimmer Signature:_____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____

CONCUSSION AGREEMENT

As a parent 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.

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 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_____