

CLASS AQUATICS DUES STRUCTURE

The club fees as of August 31, 2009 are as follows:

- A. **ANNUAL CLUB REGISTRATION-** The annual club registration fee due at the beginning (September 1) of each year (or at time of sign-up if joining after September) is:
1. \$35.00 for the 1st swimmer in a family
 2. \$25.00 for the 2nd swimmer in a family
 3. \$15.00 for the 3rd or more swimmers in a family
 4. \$25.00 college students or other returning swimmers in the summer.
- B. **USA SWIMMING REGISTRATION-** All swimmers are required to register with USA Swimming on an annual basis. The current fee is **\$55**. This fee may be paid at the beginning (Sept. 1) of each year and is good through the end of the following year. Returning swimmers must re-register by December 31st and new swimmers must register upon initial registration. There is a seasonal membership available from April – August.
- C. **MONTHLY FEES-** The **commitment to Class Aquatics, Inc. is for a year of swimming**. The dues are payable in twelve monthly installments. Dues are required to be paid for each month a swimmer participates with the team.

Monthly Dues	12 Monthly Payments	Annual Totals
1. Novice	\$ 70	\$ 840
2. Age Group I	\$110	\$1320
3. Age Group II	\$130	\$1560
4. Jr. Senior	\$140	\$1680
5. Senior	\$160	\$1920

2nd swimmer per family is discounted 25%

1. Novice	\$52.50
2. Age Group I	\$82.50
3. Age Group II	\$97.50
4. Jr. Senior	\$105.00
5. Senior	\$120.00

Note: For families with 3 or more swimmers, the 1st swimmer pays the regular fee and all other swimmers pay 50% of their respective group fee.

Note: If a swimmer does not participate for an entire month, they are not required to pay dues for that month. **However, one day of participation of any kind during a month will require payment of the entire month.** Only the first month of membership is prorated as indicated on the registration form.

- D. **SUMMER-** There is a summer session for Novice, Age-Group I, and Age-Group II. The program fee is for the length of the summer session (8-9 weeks) and includes three practices per week. The summer program also allows participation in the Conejo Valley Swim Conference (CVSC), but does not include the meet fees.
- E. **HIGH SCHOOL-** There are seasonal programs offered throughout the year for athletes who are participating in other high school sports that are interested in swimming on the team on a short term basis. The program fee is \$225-275 depending on the length of the session (approximately 10-14 weeks) and includes 3 practices per week
- F. **FUNDRAISING-** There may be one mandatory fundraising event per year. Other fundraisers may be offered during the year, but they will be on a volunteer basis. The team also hosts 1 – 2 meets each year.

Monthly Dues are to be paid in full by the 1st of each month and will be considered late as of the 10th of each month. Billing is sent out via e-mail on a monthly basis approximately 15 days prior to the due date. It is each family's responsibility to make timely payments regardless of whether a statement or e-mail is received. Payments may be made on-line with a credit card, mailed to the team address: PO Box 6041, Thousand Oaks, CA 91359, or put **in an envelope** into the drop box at the pool (In storage shed #2). **DO NOT HAND MONTHLY CHECKS TO A COACH.** If your fees are not current, you will be contacted and your swimmer may lose his or her swimming privileges.

If you have any questions about the above, any billing you may have received or your account balances, please contact the Head Coach or Secretary/Treasurer.

2009-10 CLASS AQUATICS REGISTRATION FORM

Account Name: _____

Date: _____

<u>Swimmer Name</u> (First, Middle, Last)	<u>Group</u>
_____	_____
_____	_____
_____	_____
_____	_____

Novice	N
Age-Group 1	AG1
Age-Group 2	AG2
Junior-Senior	JR
Senior	SR

Initial Monthly Fee

<u>Group</u>	<u>Fee</u>	<u># of Swimmers</u>	<u>Discount</u>	<u>Total</u>
Novice	\$ 70	_____	_____	_____
Age Group I	\$110	_____	_____	_____
Age Group II	\$130	_____	_____	_____
Jr. Senior	\$140	_____	_____	_____
Senior	\$160	_____	_____	_____
Subtotal				_____

Annual Club Registration

_____ 1 Swimmer (\$35)	_____ 2 Swimmers (\$60)	_____ 3 Swimmers (\$75)	_____
_____ Additional Swimmers (\$15)			_____
Subtotal			_____
Total Club Registration Fees (payable to CLASS Aquatics)			_____

USA Swimming Registration (Annual)

<u>Fee</u>	<u># of Swimmers</u>	<u>Total</u>
\$55	_____	_____
Total USA Swimming Registration Fees (payable to SCS)		_____

Monthly billing e-mail address: (Print legibly) _____

I agree to make my payment monthly. I understand that my payment is due by the 1st of each month and if not received by the 10th, I will be assessed a \$10 late fee. Billing is sent out via e-mail on a monthly basis approximately 15 days prior to the due date. It is my responsibility to make timely payments regardless of whether a statement or e-mail is received. Payments may be made on-line with a credit card, mailed to the team address: PO Box 6041, Thousand Oaks, CA 91359, or put in an envelope into the drop box at the pool (In storage shed #2). DO NOT HAND MONTHLY CHECKS TO A COACH. If your fees are not current, you will be contacted and your swimmer may lose her or her swimming privileges.

Note: If a swimmer does not participate for an entire month, they are not required to pay dues for that month. However, one day of participation of any kind during a month will require payment of the entire month. Only the first month of membership is prorated as indicated on the registration form.

Signature: _____

Date: _____

CLASS AQUATICS CONTACT INFORMATION

Account Information:

Last Name: _____ Father: _____ Mother: _____

Address: _____ City: _____ Zipcode: _____

Home Phone: _____ Mobile: _____ E-mail: _____

Additional Account Information:

Last Name: _____ Father: _____ Mother: _____

Address: _____ City: _____ Zipcode: _____

Home Phone: _____ Mobile: _____ E-mail: _____

Swimmer Information:

Last: _____ First: _____ Middle Initial _____ Birthdate: _____ M / F Group # _____

Last: _____ First: _____ Middle Initial _____ Birthdate: _____ M / F Group # _____

Last: _____ First: _____ Middle Initial _____ Birthdate: _____ M / F Group # _____

Last: _____ First: _____ Middle Initial _____ Birthdate: _____ M / F Group # _____

*(Group #: Age-Group 1=AG1, Age-Group 2=AG2, Junior-Senior=JR, Senior=SR)

FILL OUT INFORMATION COMPLETELY FOR EACH SWIMMER INCLUDING MIDDLE INITIAL, GENDER, BIRTHDATE, AND GROUP #. IF THEY DO NOT HAVE A MIDDLE INITIAL, PLEASE WRITE N/A.

T-SHIRT INFORMATION

Circle correct size for each swimmer

Last Name: _____ Phone #: _____ Date: _____

Swimmer Name: _____ Shirt size (Circle): Youth M Youth L Adult S Adult M Adult L Adult XL

Swimmer Name: _____ Shirt size (Circle): Youth M Youth L Adult S Adult M Adult L Adult XL

Swimmer Name: _____ Shirt size (Circle): Youth M Youth L Adult S Adult M Adult L Adult XL

Swimmer Name: _____ Shirt size (Circle): Youth M Youth L Adult S Adult M Adult L Adult XL

CLASS Aquatics Media Release Form

Periodically, newspapers, magazines, television, radio, and other media organizations visit our club conducting related journalism with our permission. Additionally, our club has a web site. Swimmers are sometimes photographed, videotaped, interviewed, and/or recorded for publication.

Parent permission is required for the publication of any student likeness or interview. Please indicate your preference below and return this form with your registration packet.

Swimmer's Name:

(Please Print)

___ I/We **GRANT** permission to the CLASS Aquatics, Inc. or parties designated by CLASS Aquatics to use any likeness, including a photograph, video-tape, oral or written interview, for publication in any newspaper, magazine, book, brochure, journal, textbook, advertising, research, or website that the Club has approved including our own website.

___ I/We **WITHHOLD** permission from the CLASS Aquatics, Inc. or parties designated by CLASS Aquatics to use any likeness, including a photograph, video-tape, oral or written interview, for publication in any newspaper, magazine, book, brochure, journal, textbook, advertising, research, or website that the district has approved including our own websites.

Parent Signature

Date

Parent Signature

Date

This form will be in effect for one-year and can be revoked by the parent in writing at any time.

Swimmer (Last, First) _____ Birthdate _____

Allergies to drugs or food: _____

Special medications, conditions or other important medical information: _____

Family Physician: _____ Name _____ Phone _____

Address _____

Insurance: _____ Company _____ Policy/Group # _____

_____ Phone Numbers _____

Father _____ Name _____ Home _____ Work _____ Mobile _____

Mother _____ Name _____ Home _____ Work _____ Mobile _____

In case of emergency, if parents are unreachable, please call:

_____ Name _____ Home _____ Work _____ Mobile _____ Relationship _____

_____ Name _____ Home _____ Work _____ Mobile _____ Relationship _____

PARENTS CONSENT FOR EMERGENCY MEDICAL TREATMENT

We, the undersigned parents of _____ do hereby authorize CLASS AQUATICS or designee to act as agents for the undersigned to consent to any medical or surgical diagnosis or treatment for the hospital care deemed advisable by or administered by a duly licensed physician, in the event such help of any emergency nature becomes necessary. This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California. In no event will CLASS AQUATICS or designee be held liable for any first aid or surgical treatment or procedures performed pursuant to this consent. This consent applies to all youth activities sponsored by CLASS AQUATICS. This consent may be revoked at any time by giving written notice to CLASS AQUATICS.

Signature of parent or legal guardian _____ Date _____

Street Address _____

City, State, Zipcode _____

CLASS REGISTRATION CHECKLIST

Registration Form, Signed and Dated

E-mail address for billing written legibly

Contact Information

Birthdate, verify year (New swimmers need birth certificate verified)

Swimmer information complete, including M.I., gender and group

T-shirt information

Media Release Form

Medical Form

USA Swimming Registration Form completed with birth date
(Club Code=CLSS)

USA Swimming payment to SCS

Initial Payment to CLASS Aquatics

Account Name: _____

Received by _____

Date: _____