



MASTERS MEMBERSHIP AGREEMENT April 1 – Aug. 31, 2008

WELCOME TO SPOKANE WAVES AQUATIC TEAM. WE ARE LOOKING FORWARD TO MAKING YOUR MASTERS SWIMMING EXPERIENCE A POSITIVE ONE.

PLEASE READ THROUGH THE 2008 MEMBERSHIP AGREEMENT AND FILL OUT THE PAPERWORK. PLEASE COMPLETE THE FOLLOWING FORMS:

- PAGE 3 -- MEMBERSHIP AGREEMENT/WAVES REGISTRATION FORM
- PAGE 4 - MEDICAL RELEASE FORM (Please complete one for each swimmer)

All swimmers must be currently registered with USA Swimming (LMSC) and all paperwork and fees must be received before swimmers are allowed to swim. In addition, registration fee and first month's dues must be paid before first session.

QUESTIONS ON COACHING PHILOSOPHY AND SCHEDULES

Kevin Wang, Head Coach 509-230-7006 kwang@whitworth.edu

QUESTIONS ON MEMBERSHIP AND TRAINING FEES

Teri Madill, Registrar 509-464-3378 (home) 570-6558 (Cell) b.madill@comcast.net
Ron McGregor, President 509-499-4829 Ron.McGregor@avistacorp.com

ABOUT SPOKANE WAVES

The Spokane Waves Aquatic Team (SWAT) is a year round competitive swim team. Most swimmers swim from mid-September through mid-August. SWAT is run by a volunteer Board of Directors and a Head Coach. Spokane Waves Aquatic Team is a non-profit corporation governed by rules and regulations as stated in the organization's by-laws. The Masters program is considered a training function of the Spokane Waves Aquatic Team and will not sponsor any competitive function.

COMMUNICATION

Communication is accomplished via three main channels: email, bulletin board in lobby area, and the Waves website (www.spokanewaves.org). If requested, you will be provided with a user name and password to log-in to the members only portion of the website after registration has been completed.

2008 SPOKANE WAVES FEES

Funding for the Spokane Waves is derived from registration fees, training fees (dues), donations, Swim-a-thon, and other fundraisers including net income from meets hosted by SWAT. These fees are primarily used to pay our coaches salaries and travel fees, pool rent, and equipment expenses.

- ***Payments on accounts are due by the 10th of each month. Accounts that are not paid in full by the 15th are considered past due and will be charged a \$15.00 late fee. Swimmers will be not be allowed in the pool until the account is current. Bills will be sent electronically on the first day of each month. If you are unable to receive your bill via email please make alternative arrangements with the Registrar. Payments can be placed in the WAVES mail slot in the Pool Lobby.***

- *If you have children on the swim team, please keep all Masters payments separate from Age Group Billing.*
- *SWAT will assess a \$25 fee for NSF checks.*
- *When a swimmer joins the team part way into a month, that month's training fees are prorated based on the 1st day the swimmer is in the water.*

IF YOU STOPS SWIMMING

Please contact the registrar, Teri Madill, 509-464-3378/570-6558, b.madill@comcast.net, two weeks before you stop swimming. ***Training fees will be billed for two weeks after this notification.*** Even though you may have notified the coach, it is your responsibility to notify the Registrar. The two-week policy will be strictly enforced.

MEMBERSHIP AGREEMENT/WAVES REGISTRATION

Please complete and sign this form.

Swimmer's Last Name	First Name	Middle Name	Age	Birth Date	Sex	Preferred Name	Training Group	First day of Practice
							Masters	
							Masters	
							Masters	

Primary Mailing Address: _____

City: _____ **State** _____ **Zip Code:** _____

Home Phone: _____ **Email address:** _____

I acknowledge and accept the financial obligations (including USA-S and Wave registration fees, and training fees) and requirements of membership as stated in the Spokane Waves Membership Agreement.

Signature

Date

First month training fee \$75 per swimmer \$ _____

\$15 registration fee per swimmer _____

TOTAL ENCLOSED \$ _____

Please make checks payable to: Spokane Waves Aquatic Team (SWAT)

SPOKANE WAVES AQUATIC TEAM

Medical Release Form

PLEASE COMPLETE ONE FORM FOR EACH SWIMMER

Swimmer's Name _____ Birth Date _____

I give permission to receive medical treatment. In case of an accident or serious illness, I request the party responsible for the swim session contact the following persons. If they are unable to reach emergency contacts, I hereby authorize training personnel to call the physician indicated below and to follow his/her instructions. If it is not possible to contact this physician, whatever medical arrangements seem necessary may be followed.

Medical Insurance:

Company Name: _____

Policy Number: _____

1. Date of last tetanus shot: _____

2. Are you taking any medications regularly? _____

Please explain: _____

3. Please list any allergies: _____

Special considerations for hospital, minor emergency, etc. that may be important for insurance purposes:

Physician's Name: _____

Phone: _____

Relative or Friend/Neighbor and phone # to be contacted in event of an emergency:

1. _____

2. _____

Should I be injured in any way or to any extent, I will not hold the Spokane Waves Aquatic Team, the coaches, or the persons transporting and taking care of me liable. I accept full responsibility for any bills that may be incurred medically or otherwise.

Signature

Date