

## Kansas City Blue Wave Information and Registration

All 4 pages of the form must be sent in either by email or through regular mail. Check must be submitted with paperwork or sent the same day as the registration is emailed.

**15% discount on all program fees paid in full by 7/20/09**

**10% discount on all program fees paid in full by 7/31/09**

**5% discount on all program fees paid in full after 7/31/09**

**\* You must also pay the USA Membership/Insurance fee and the KCSA Family Membership fee (No discounts applied to those charges.)**

### Remember our recruitment policy.

Swim parent's that bring a new family to the team will be issued a \$10.00 credit. This credit will be given when the new family either pays the 2<sup>nd</sup> installment (or if they pay in full.) When joining the team the new swimmer must list the sponsoring family on their registration in order for the sponsoring member to get the credit. This is good for you and our team.

1) You may copy this form to your computer complete it in full and email it to [bholland3@kc.rr.com](mailto:bholland3@kc.rr.com) you must send a check in the when you email the registration or send it. The entire form must be sent or emailed. Sending the form by email constitutes your agreement to all commitments and certifies that you read the entire form and agree to the terms.

Swim Academy  
% Bonnie Holland  
1101 Walnut, Unit 1009  
Kansas City, MO 64106

2) Returning members do not need to complete the 1<sup>st</sup> page of the registration form (Except for the swimmer's name) If returning members do not complete the 1<sup>st</sup> page they must log in to the website and make sure that all of the information is correct and complete. This includes Middle Initial in swimmers name. Click on My Account ensure that all information on that page and under the Guardians and Insurance/Emergency Contact is correct and completed. Then click on members under this account and make sure all of the information is complete and correct then click on the medical information tab and complete that information..

By emailing the application in this manner you are asserting that you have updated all the information in (C) above

3) There are no refunds to anyone prepaying. Notice must be given in writing to the office in the event of a SEVERE illness (such as mono) or injury (i.e. breaking your leg). Credits may be given at the, discretion of the office, in instances described above. Notice must be given immediately and accompanied with a Dr's letter within 30 days to be considered for a credit.

High School swimming team conflicts may cause scheduled times to vary. Schedules will be emailed out. Please check the above website for changes. Questions: Bonnie Holland email [bholland3@kc.rr.com](mailto:bholland3@kc.rr.com).

## KS Swim Academy Blue Wave Registration Form

Communication by e-mail and phone are member's responsibility; Invoices are available online at all times  
 The Website address is [kcswimacademy.org](http://kcswimacademy.org) you are responsible for checking for messages, schedule changes and invoices for payments.  
 Email [bholland3@kc.rr.com](mailto:bholland3@kc.rr.com) with any questions. If you do not have an answer to your email within 24 hours or need an answer before that time then call Bonnie at 816-863-2129. All information on this form must be completed.

Please print

Today's date: _____		If new family to Swim Academy who referred you _____	
SWIMMERS NAME			
Swimmers last name:	Legal First Name	Middle Initial:	Date of Birth
			Age: _____
		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Preferred Name	U.S. CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO		
IF YOU REGISTERED WITH A DIFFERENT USA SWIMMING CLUB Enter the last year registered _____ <b>CLUB CODE:</b> _____ <b>LSC CODE:</b> _____ <b>DATE OF YOUR LAST COMPETITION With THAT CLUB:</b> _____			
PARENTS INFORMATION			
Father/Guardian Last Name	Father Guardian First Name	Mother Guardian Last Name	Mother Guardian First Name
Current Address			
City: _____	State: _____	ZIP Code: _____	
Email address for log in: (Primary)		2 <sup>nd</sup> email if desired	
Person Responsible for the bill if different then above: _____			
Home Phone#	Mom's Cell	Dad's Cell	
Physicians name for emergency only _____		Physician Phone Number _____	
All swimmers must have a current physical signed by the Dr stating that the child is in good health and can participate in swimming and meets.			
If you swim summer league (which team) _____			
IN CASE OF EMERGENCY			
Name of local friend or relative (not living at same address):	Relationship to patient:	Home phone no.: (    )	Work phone no.: (    )
<p>The above information is true to the best of my knowledge. I understand that I am financially responsible for the entire program season Aug thru May. All exceptions must be submitted and approved in writing through the office. For athletes who are responsible for their dues/fundraisers/entry fees, parents are ultimately responsible for any outstanding fees. <b>No refunds.</b></p> <p>PAYMENTS – All invoices are on the website and generated on 21<sup>st</sup>. The payments are due on the 1<sup>st</sup> day of the month.</p> <p>Late Payments - A \$10 late fee is charged each month the payment is not received by the 5<sup>th</sup> day of the month. Exception written notice to the office by the 1st day of each month with an agreed exception. <b>NOTE:</b> It is the parent's responsibility to notify the office of any problems with billing, payment or areas of concern.</p> <p><b>Meet Fees</b> are due when the swimmer is registered for a meet. \$3.50 per event and \$10 coaching fee/ \$40 for out of town coaches fee</p>			
Patient/Guardian signature		Date	

Payment mailing address  
 Swim Academy % Bonnie Holland  
 1101 Walnut, Unit 1009  
 Kansas City, Mo 64106

Click link below for Website: All billing, payment and assorted information is on the website at [kcswimacademy.org](http://kcswimacademy.org) or the link below  
<https://www.teamunify.com/Login.jsp?team=mvskcsa&id=10a112348a2009a2>

Upon receipt of this registration and first payment you will receive a login id and password that will enable you to access to all information on the website (i.e. billing, payments, practices, meets, newsletters, emails, etc.) If you do not receive this email for the Login ID and password within 5 business days, please call 816-863-2129. Training sites and swim schedules may be changed due to the availability of the SMSD facilities and programs. We will make every effort to accommodate our members if this happens. Please understand that due to budgetary constraints there will be no refunds. Anyone who signs up for the team and decides to leave or not complete the season MUST give the office a 60 day WRITTEN notice

**This form must accompany page 2 to ensure correct placement and billing.** Page 1 & 2 are your contract for payment and services.

The season is August through May and you are responsible for full payment for the season unless otherwise noted on Page 2 of this registration form (even if your child does not complete the season.)

**TUITION**

- \$50 **USA Registration Fee** -- All swimmers must have a valid USA Swimming card that covers swimmers under the US Swimming Master Insurance policy.  
NO SWIMMER WILL BE ALLOWED IN THE POOL WITHOUT A VALID CARD (Exception Sunday Beginning Instruction Swimmers)
- \$150 **KCSA Team Family Membership Fee \$75 Single Membership fee** (Exception Sunday Beginning Instruction Swimmers)
- \$ 15 **Host Meet Fee** billed to all active members in Nov, April, June & July for our meets (Except Sunday Beginner Instruction)
- \$150 **Fundraising Fee** – Per swimmer –all swimmers except beginning instruction. (Exception Sunday Beginning Instruction Swimmers)  
You may choose to participate in the Swim-A-Thon our Major fundraising event to earn your fundraising fee any amounts not earned at the fundraiser will be billed after September. We are non profit and persons wishing to may make a tax deductible donation or direct United Way Donations to the KC Swim Academy. It is tax deductible and these funds would only be used towards the swimmers. (I.e. special scholarship funds for special needs kids.)  
There are a wide range of family income categories and needs among our team. If your financial situation does not correspond to our billing contract, contact the office and we will make every attempt to make special arrangements with you. Contact bholland@kc.rr.com

**Program fees** To register for a program place an x in the box to the right of your program (Click on the pool site you want to attend.

	Elite – Aug thru May Shawnee Mission ___BVNW	\$1080 season	8 installments of \$140
	Elite – 3 month session (Aug – Nov) Shawnee Mission ___BVNW	\$360 per session	
	Elite – 6 month session (Aug - Feb) Shawnee Mission ___BVNW	\$720 per session	
	Elite – 3 month session (Mar-May) Shawnee Mission ___BVNW	\$360 per session	No installment plan
	Junior Olympic (JO) Aug thru May Shawnee Mission ___BVNW	\$855 per season	8 installments of \$112
	AG3 (3 time a wk) Aug thru May Shawnee Mission ___BVNW	\$720 per season	8 installments of \$95
	AG2 (2 times a wk) Aug thru May Shawnee Mission ___BVNW	\$675 per season	8 installments of \$90
	AG1 (1 time a week) Aug thru May Shawnee Mission ___BVNW	\$585 per season	8 installments of \$79
	Instruction – Beginner Instructions Shawnee Mission East(generally 6 & under)	\$50 per month	Notice required by 19 <sup>th</sup> of month or fee is applicable

\*Installment fees are due per schedule below:

1<sup>st</sup> installment due at registration; 2<sup>nd</sup> Oct 1<sup>st</sup>; 3<sup>rd</sup> Nov 1<sup>st</sup>; 4<sup>th</sup> Dec 1<sup>st</sup>; 5<sup>th</sup> Jan 1<sup>st</sup>; 6<sup>th</sup> Feb 1<sup>st</sup>; 7<sup>th</sup> March 1<sup>st</sup>; 8<sup>th</sup> April 1<sup>st</sup>.

Discount for third (3<sup>rd</sup>) child – 50% off program fees only

Fourth (4<sup>th</sup>) child – No program fees

All swimmers and parents agree to abide by the rules in the handbook and commitment documents.

High School swimming team conflicts may cause scheduled times to vary. Schedules will be emailed out. Please check the above website for changes. Questions: Bonnie Holland email [bholland3@kc.rr.com](mailto:bholland3@kc.rr.com).

Patient/Guardian signature

Date

Mail both pages of the registration form with check:

Swim Academy  
% Bonnie Holland  
1101 Walnut, Unit 1009  
Kansas City, MO 64106

SABW is very flexible with make-ups and it is your responsibility to makeup any practices missed due to school, or illness, etc. There are no refunds for colds, flu, school activities, etc.

# Fall Schedule

## Elite:

Shawnee Mission West

Monday 5:00 to 8:00 PM

Shawnee Mission South

Tues-Weds-Thru 4:30 to 7:30 PM

Friday OFF

Shawnee Mission East

Saturday 9:00 to 11:30 AM

Sunday 4:00 to 6 PM

Mornings - Tues, Weds, Thurs 5:30 to 7:00 AM

### **Blue Valley North West**

Mon thru Thurs 6:30 to 8:30 PM

Saturday TBA

Sunday - Swimmers may attend East site practice on Sundays

\*HS Boys - KS runs Aug-Nov (swimmers return at end of HS season)

\*HS Girls - KS runs Aug-Feb

\*swims with Elite

HS Boys - MO runs Nov-May

HS Girls - MO runs Aug-Nov (Swimmers return at end of season)

\*swims with elite

## Junior Olympic (JO)

### **Shawnee Mission East**

Mon thru Thurs 5:00 to 7:00 PM

Saturday 11:00 AM to 1:00 PM

Sunday 4:00 to 6:00 PM

### **Blue Valley North West**

Mon thru Thurs 6:30 to 8:30 PM

Saturday TBA

## Age Group

### **Shawnee Mission East**

Mon thru Thurs 6:30 to 8:00 PM

Saturday 12:30 to 2:00 PM

Sunday 3:00 to 4:00 PM

### **Blue Valley North West**

Mon thru Thurs 5:30 to 7:00 PM

Saturday - TBA

Sunday - 3:00 to 4:00 PM at East

## **Instruction - Beginner (6 and under)**

### **Shawnee Mission East**

Sunday - 3:00 to 4:00 PM