PARKS & RECREATION
City of Fort Lauderdale

PARKS AND RECREATION AQUATIC PROGRAM REGISTRATION FORM

PAYEE *(Please Print)*_____
Last Middle First D.O.B. Name of Organization

Address _____
Street Apt. # City State Zip

(_____) _____ _____ _____
Cell / Home Phone Participant Email Address **REQUIRED** USMS / USA-S / USA-D Athlete #

EMERGENCY CONTACT_____ ( ) _____ _____
Name Phone Relationship

_____ _____ (_____) _____
Mother's Name (If Participant is under 18) Email Cell Phone:

_____ _____ (_____) _____
Father's Name (If Participant is Under 18) Email Cell Phone:

Participant Name: First, Middle Initial, Last	M / F	DOB	Activity Name / Level / Group	Time	Session	Fee
						$
						$
						$
						$

OFFICE USE ONLY

□ _____Pass #_____ □ Rec Swim_____ □ Swim Lessons □ WSI / Lifeguard □ Visiting Team □ Facility Rental
□ Masters / Age Group Drop-In □ Private Swim Instruction/Asst Coaching □ Private Head Swim Coaching □ Private Dive Coaching
□ Team Fee □ Dive Lessons □ FLDT Dive Team □ SFTL Age Group Swim Team □ SFTL Masters Swim Team □ Other: _____

Method of Payment: □ Visa □ MasterCard □ AMEX □ Cash □ Check Date Received_____ Registered By _____

TOTAL AMOUNT RECEIVED	$

LIABILITY WAIVER

I HAVE READ AND UNDERSTAND AND AGREE AS FOLLOWS: In consideration of this registration in the activities provided by the City of Fort Lauderdale;

RELEASE AND WAIVER OF CLAIMS: I,_____, for myself and for my heirs, executors, and assigns, and, if the participant is a minor child, for my minor child or ward and my minor child's or ward's heirs, executors, and assigns do hereby knowingly, freely, and voluntarily assume all risk and liability for any damage or injury to person or property that may occur as a result of my or my child's or ward's participation in activities offered by the City of Fort Lauderdale's (City) Parks and Recreation Department at any City facility or at any other location approved by the City, and do hereby release, discharge, and covenant not to sue, City, and its officers, employees, agents, and volunteers, and do hereby waive and discharge all claims for damages that I or my minor child or ward might have against City, or its officers, employees, agents, and volunteers, for any reason, including any of the released parties' negligence, and agree to indemnify and hold harmless City, and its officers, employees, agents, and volunteers, from and against any and all claims, damages, and judgments, of whatever nature, including attorney fees, that may be asserted or entered against any of them in connection with my or my minor child's or ward's participation in any activity offered by City.

INSURANCE RESPONSIBILITY: I as the participant or the participant's guardian understand that participation may subject the participant to a certain degree of risk to injury and that the City will not be liable for medical expenses or other claims for damages, based upon property damage or personal injury as a result of these activities. Any insurance protection must be obtained by the participant;

PHOTO RELEASE: I hereby grant authorization to the City of Fort Lauderdale to use photographs of myself and/or my child for publicity purposes.

By Signing below, I as the participant and/or the guardian acknowledge that this liability waiver remains in force for the duration of my participation and / or my minor child's / ward's participation in the named activity offered by the City.

_____
Participant / Participant's Parent / Guardian Signature

_____
Print Name Date

Swim Fort Lauderdale

Membership Agreement and Payment Obligation

CURRENT YEAR

20_____ to 20_____

1) **MONTHLY WORKOUT FEES:** Billing for monthly workout fees is completed at the end of each month (see "Ways to Pay" form w/ methods of payment). Once billing is completed, you will receive via email, a receipt reflecting the amount remitted as well as any outstanding account balance. If a team member is moved to a different workout group during the year, the household will be billed at the revised monthly rate for the new workout group.

Workout fees are not prorated for partial month's participation unless it is for a team wide break greater than two weeks in length.

2) **ANNUAL USA SWIMMING / US MASTERS SWIMMING MEMBERSHIP FEE:**
MANDATORY FOR TEAM PARTICIPATION & team insurance. An annual USA Swimming membership fee of **$80** (as of 9-2021), is required of all competitive SFTL Age Group team swimmers, & an annual USMS membership fee of **$60** (as of 2021), is required of all SFTL Masters team swimmers - ***both fees subject to change yearly***.

SFTL Age Group team participants must remit USA Swimming member fee at the time of registration w/ SFTL & every October thereafter. SFTL Masters Team participants must remit US Masters membership fee directly to USMS prior to registration w/ SFTL Masters team & must renew their member by every December 31st thereafter.

3) **TEAM MEMBERSHIP FEE:** At the time of registration, swimmers will be charged a team membership fee of $75 per household ($37.50 per household for those joining after June 30). The non-refundable annual team membership fee will be included on the January billing statement each year. This fee **DOES NOT** apply to the SFTL Level 5 Pre-Competitive Group.

4) SFTL is a year-round, competitive swim program. Membership will continue until SFTL receives a "Notice of Intent to Withdraw" Form.

5) **NOTICE OF INTENT TO WITHDRAW: MUST BE** emailed to jstafford@fortlauderdale.gov & are available in the Riverland & Carter pool offices & online at www.swimfortlauderdale.com.

Completed forms must be received **NO LATER** than the 15th of the month in order to avoid being charged for the following month. Phone and/or email notification, without submission of a completed "Notice of Intent to Withdraw" form, will not be accepted.

Members are responsible for all fees until such time as a completed withdrawal form has been received by the SFTL Admin. Staff. A swimmer who elects to withdraw from SFTL & decides to return to the team within the same year, will be re-assessed the SFTL annual membership fee – no exceptions.

6) **NOTICE OF EXTENDED ABSENCE:** A swimmer may take an extended absence for 1 calendar month or upto 2 calendar months maximum, per 12 month consecutive period. Should an athlete require more than a 2 calendar month extended absence, the athlete will need to withdraw from the program. "Notice of Extended Absence" forms must be emailed to jstafford@fortlauderdale.gov.

Notice of Extended Absence forms must be received **NO LATER** than 15 days prior to the start date of the extended absence. Monthly SFTL dues will be waived only after a completed Notice of Extended Absence form is received, as stated above.

Please note that unless a completed Notice of Extended Absence form is received, SFTL members are responsible for all monthly team dues - no exceptions.

7) **PAST DUE ACCOUNT POLICY**: If a household account is more than 30 days in arrears, all SFLT participants in the household will not be permitted to swim until the balance is paid in full. If a household is 30 days in arrears more than once in a year, payment in full for the remaining year will be required for continued participation.

By joining Swim Fort Lauderdale you agree to be held accountable for all associated fees, and all policies contained within this member agreement and payment obligation form for the duration of your time as a member of SFTL:

_____ Level 5 $60/mo
_____ Starfish $80/mo
_____ Rising Stars $90/mo
_____ Yellow I $105/mo
_____ Yellow II $110/mo
_____ Blue $120/mo
_____ Senior Bronze I & II $120/mo
_____ Senior Silver $130/mo
_____ Senior Gold $140/mo
_____ Masters 1x/wk $30/mo
_____ Masters 3x/wk $80/mo
_____ Masters Unlimited $90/mo
_____ Angelfish $40/mo
_____ Angel Stars $40/mo
_____ Angel High School Prep $40/mo

Group changes for the SFTL Age Group Team are implemented by the coaching staff each August.

Signature Print Name Date

WAYS TO PAY

Swim Fort Lauderdale & Fort Lauderdale Dive Team participants are required to remit payment for monthly participation via one of the following two payment methods:

Enroll in automatic monthly credit card payments, where the credit card of your choice is automatically charged when SFTL/FLDT billing is completed for monthly training fees.
OR
Remit payment in full of three (3) months of SFTL/FLDT training fees in advance.

AUTOMATIC CREDIT CARD PAYMENT

- Complete and sign the **AUTOMATIC CREDIT CARD PAYMENT AUTHORIZATION FORM** available at the Riverland & Croissant Pool Offices (during the SFTL admin ours listed below) & the SFTL team website under the Forms & Payments tab (Visa, MasterCard & AMEX only).
- Submit completed forms via U.S. Postal Service to the following:
  - City of Fort Lauderdale, ATTN: SFTL Team Dues **OR** FLDT Team Dues, 501 Seabreeze Blvd, Fort Lauderdale FL 33316

ADVANCE PAYMENT

- Remit payment of three (3) months of SFTL/FLDT training fees in advance via one of the following methods:
  - **Via U.S. Postal Service**:
    - Make check payable to City of Fort Lauderdale
    - Mail to City of Fort Lauderdale, ATTN: SFTL Team Dues **OR** FLDT Team Dues, 501 Seabreeze Blvd, Fort Lauderdale FL 33316
  - **In person:**
    - At the Croissant & Bass Park pools during the SFTL admin staff hours listed below
    - ONLY the SFTL staff member on duty can process your payment.
    - Acceptable forms of payment are: Debit **OR** Credit Card (Visa, MasterCard & AMEX).

CROISSANT SFTL ADMIN STAFF HOURS

- **Cheryl Dodson**
- Monday, Tuesday & Thursday, 3:45 P.M. to 7:45 P.M.
- Wednesday, 5:45 P.M. to 7:45 P.M.

BASS SFTL ADMIN STAFF HOURS

- **Brittany McClendon**
- Monday through Friday, 8:30 A.M. to 12:00 P.M.

- **Micheline Michel**
- Monday through Friday, 12:00 P.M. to 5:00 P.M.

The SFTL admin staff hours listed above are subject to change without advance notification.

FT. LAUDERDALE diving team

PARKS & RECREATION
City of Fort Lauderdale

AUTOMATIC CREDIT CARD PAYMENT AUTHORIZATION FORM:

If you would like the convenience of automatic payment, simply complete and sign this form. The credit card provided will automatically be charged for the amount indicated on your monthly invoice, with the total charges appearing on your monthly installment bill. Charges will be applied to your credit card at the end of each month.

Upon completion and submission of this form, your program fees with the City of Fort Lauderdale Parks & Recreation Department will be paid automatically through your credit card - you will receive a monthly installment bill specifying the fees that have been applied via email. All requested information is required and your credit card information will be destroyed once it has been encrypted into your account.

PAYER *(Please Print)*

_____

First Name Middle Initial Last Name Date of Birth

Address_____

Street Apt. # City State Zip

(_____) _____ _____ _____

Cell / Home Phone Email Address **REQUIRED** Household #

_____ _____

Program Participants Name **Program Name**

I understand that the City's Parks & Recreation Department allows me 30 days to dispute any charges to my credit card account. This authorization will remain in full force until the City's Parks & Recreation Department has received written notification requesting termination. Written notification must be received a minimum of 10 days prior to any scheduled charges applied to your credit card account by emailing ***jstafford@fortlauderdale.gov***

_____

Payer Signature Print Name Date

Office Use Only:	Date Entered: _____	Entered By:_____

CREDIT CARD INFORMATION

City of Fort Lauderdale Parks & Recreation Department accepts the following Credit Cards:

Please Select One: ☐ American Express ☐ Master Card ☐ Visa

Credit Card Number: _____ Expiration:_____ Card CVV/CVC:_____

Cardholders Name (exactly as it appears on credit card): _____

SUBMIT COMPLETED FORMS VIA THE U.S. POSTAL SERVICE TO THE FOLLOWING:

City of Fort Lauderdale, 501 Seabreeze Blvd, Fort Lauderdale FL 33316

Please direct any inquiries pertaining to the above to ***Denise Thompson***
dthompson@fortlauderdale.gov & ***Jeff Stafford*** jstafford@fortlauderdale.gov

HEAD COACHING STAFF:

Head Coach	**Dave Gibson**	DGibson@fortlauderdale.gov	(954)828-6150 (704)517-1847
Head Masters Coach	**Marty Hendrick**	MHendrick@fortlauderdale.gov	(954)828-6151 (954)292-1066
Head Age Group Coach	**Jennifer Gibson**	jenngibson60@gmail.com	(704)517-1821

ASSISTANT COACHING STAFF:

Age Group/Masters	**Mike Averett**	maverett@swimfortlauderdale.com	(954)895-3917
Masters	**Marie Averett**	maverett@swimfortlauderdale.com	
Age Group	**Josee Desmarais**	jdesmarais@swimfortlauderdale.com	(954)410-2929
Age Group	**Harrison Gibson**	hargibson@gmail.com	(954)790-3996
Masters	**Blake Woodrow**	blake.woodrow@gmail.com	
Age Group	**Gainus Wright**	gwright@fortlauderdale.gov	
Age Group	**Javon King**	jking@fortlauderdale.gov	
Age Group	**Madison Yelle**	yellemadison@gmail.com	

IMPORTANT PHONE NUMBERS:

Riverland Pool:	(954)828-5322
Carter Pool:	(954)828-5407
Croissant Pool:	(954)828-6156
Bass Pool:	(954)828-6019
SFTL Admin. Office (General Info, Registration & Billing Inquiries):	(954)828-4589

AGE GROUP PRACTICE ETTIQUETTE:

PARENTS: PLEASE REFRAIN FROM SPEAKING TO COACHES DURING ACTUAL PRACTICE.

- Coaches are available to speak with parents 10 - 15 minutes before and after practices.
- Coaches need to give 100% of their attention to the athletes during practice. If a coach is interrupted they are taking that attention away - including from your child!

The SFTL Coaching Staff greatly appreciates your cooperation with the above.

TEAM WEBSITE:

www.swimfortlauderdale.com

FACILITY WEBSITE:

www.fortlauderdale.gov/flac

Notice of Intent to Withdraw

- Notice of Intent to Withdraw forms must be submitted **via email** to **BOTH** dthompson@fortlauderdale.gov & jstafford@fortlauderdale.gov
- Completed Notice of Intent to Withdraw forms must be received **NO LATER** than the 15th of the month in order to avoid being charged for the following month. For example if you plan on withdrawing from the program, effective in October, you would need to submit a completed Notice of Intent to Withdraw form by September 15th.
- Phone or email notification, without submission of a completed Notice of Intent to Withdraw form, will **NOT BE ACCEPTED** as notification for withdrawal from SFTL/FLDT.
- Members are responsible for **ALL FEES** until such time as a completed Notice of Intent to Withdraw form has been received by SFTL/FLDT Admin. Staff.
- A swimmer or diver who elects to withdraw from SFTL/FLDT and then decides to return to the team within the same year, will be assessed the SFTL/FLDT annual membership fee, the same as required by any new member to the program.
- Please understand there are **NO EXCEPTIONS** to the above-listed. The information above can also be found on the Membership Agreement & Payment Obligation form you completed at the time of registration with SFTL or FLDT.

_____

Last Name Middle Initial First SFTL/FLDT Group

_____

Address Street Apt. # City State Zip

(_____) _____ _____

Cell / Home Phone Email Address

Withdrawal Effective Date:_____

_____

Signature Print Date

Notice of Extended Absence

(1 calendar month to 2 calendar months maximum)

- Notice of Extended Absence forms must be submitted via email to **BOTH** dthompson@fortlauderdale.gov & jstafford@fortlauderdale.gov
- Phone or email notification, without submission of a completed Notice of Extended Absence form, will **NOT BE ACCEPTED** as valid notification.
- A swimmer or diver may take an extended absence for up to **2 calendar months** within a 12 month consecutive period - MAXIMUM.
- At the conclusion of the maximum 2 calendar month extended absence, should additional time away from SFTL/FLDT be required, the athlete will need to withdraw from the program. ***A swimmer who withdraws from SFTL/FLDT and decides to return within the same year, will be assessed the SFTL/FLDT annual membership fee again.***
- Completed Notice of Extended Absence forms must be received **NO LATER** than 15 days prior to the start date of the extended absence.
- Monthly SFTL/FLDT team dues will be waived **ONLY** after a completed Notice of Extended Absence form is received. ***Unless a completed Notice of Extended Absence form is received, members are responsible for all monthly team dues.***
- Please understand there are **NO EXCEPTIONS** to the above-listed. The information above can also be found on the Membership Agreement & Payment Obligation form you completed at the time of registration with SFTL or FLDT.

_____

Last Name Middle Initial First SFTL/FLDT Group

_____

Address Street Apt. # City State Zip

(_____) _____ _____

Cell / Home Phone Email Address

Extended Absence Start Date:_____ End Date: _____

_____

Signature Print Date

FT. LAUDERDALE diving team