** FAMILY PARTICIPATION AGREEMENT**

**Effective January 1, 2017 Family Name:** Enter Family Name

*The Gilroy Gators Swim Team (GGST) is a co-op team. Swim meets, team activities including fundraisers, and the daily operations of the team require parental involvement for the success of the team and your child. In addition to the requirements stated below, we encourage participation on our committees so that we can continue holding social events for our swimmers. Your required participation will contribute greatly to the Gators and your child’s success while keeping the monthly dues low.*

**OVERVIEW**: GGST is a non-profit organization. The income derived from dues, hosted swim meets and fundraising activities is used to cover the rental of our pool, to pay our coaching staff and other costs throughout the year. It is the goal of the Gilroy Gators Swim Team to host 3 to 4 meets each year as well as to participate in the annual Gilroy Garlic Festival to raise funds for our team.

**SWIM MEETS:** Each active family is required to work at least one shift each day of all Team Hosted meets. Swim meets are bid on in February and May for the following swim year of September to August. The calendar on the Team website will be updated each year depending on the number of meets GGST is awarded for the swim year. In order to receive credit for your shifts, you MUST check-in and check-out at the beginning and ending of each job assignment. Once you sign up for a position, it is your responsibility to fulfill those duties. If you cannot work your shift, you must find a replacement. **You must inform the Volunteer Coordinator of this change.** Please note: the shifts worked remain with the original shift holder. If a scheduled assignment is not honored by you, or your replacement, your Gator account will be charged $75 per shift. In addition, each family is required to work one shift each day in which they have a swimmer signed up to swim in a non-hosted swim meet (for example, timing at away meets, if given this assignment). In the event you do not work your shifts at an away meet, your Gator account will be charged $25 per shift. ­­**\_\_\_\_\_\_\_ initial**

**GARLIC FESTIVAL:** If your child swims at any time between March and July, they are considered a “registered swimmer” and family participation in The Gilroy Garlic Festival, which is the team’s biggest fundraiser, is mandatory. The event is held annually on the last full weekend of July. **Parents are required to volunteer (1) shift in any booth GGST may run or participate in (no children please) and a parent and all registered swimmers are required to volunteer for (2) shifts of garbage sweep: (1) on Friday, Saturday or Sunday, and (1) on Monday or Tuesday.** Each garbage sweep shift takes place in the early evening and lasts 1.5 to 3 hours. Sign-ups for shifts open in late June/early July. If you have not signed up for your required shifts 10 days prior to The Gilroy Garlic Festival your account will be billed the following: $75 for each garbage sweep shift and $75 for the booth shift. These charges will also apply and be charged to your account for any shifts signed up for but not worked. If your family is unable to participate you may buy out at these rates at any time prior to The Gilroy Garlic Festival. Please note: Some exceptions may apply to the buyout option. Please see the volunteer coordinator before taking this option. **\_\_\_\_\_\_\_\_ initial**

**TAKE A BREAK OR RESIGN FROM THE GILROY GATORS SWIM TEAM:** Monthly payments are due on the first of the month and payable unless the proper notification procedures are followed. All financial obligations must be met when taking a break or resigning from the Gilroy Gators Swim Team. **A Change of Status Form must be received by the Treasurer (Dues Box) by the 15th of the prior month in which you plan to take a break, or resign, in order to not be charged. Until this step is completed, your account will remain open, incurring monthly charges and late fees and, if necessary, turned over to a collection agency.** Upon being informed of your hold/separation, your Gators account will be reviewed for any past due or unpaid balances. In addition, your account will be charged for any unfulfilled swim meet requirements and/or unfulfilled Garlic Festival requirements. **\_\_\_\_\_\_\_\_ initial**

**This agreement can be modified at a later time, as the board deems necessary, without need for new signatures. The board will notify you of modifications by e-mail and/or in writing prior to the effective date of any modification. I have read and agree to abide by the requirements of the GGST Family Participation Agreement.**

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** Click or tap to enter a date.

** MEDICAL FORM / WAIVER Family Name:** Enter Family Name

|  |  |  |  |
| --- | --- | --- | --- |
| **Parent / Legal Guardian / Swimmer Information** | | | |
|  | | *Home Phone* | *Cell Phone* |
| **Father** | Enter Your First Name | Home Phone | Cell Phone |
| Address | # Street, City, Zip Code | | |
| **Mother** | Enter Your First Name | Home Phone | Cell Phone |
| Address | # Street, City, Zip Code | | |
| **Legal Guardian** | Enter Your First Name | Home Phone | Cell Phone |
| Address | # Street, City, Zip Code | | |
| **Masters Swimmer** | Enter Your First Name | Home Phone | Cell Phone |
| Address | # Street, City, Zip Code | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Emergency Contact**  *(If my child must be excused from swim practice and I cannot be reached, my child may be left in the custody of)* | | | | |
| Name | | Relationship | | Contact Number |
| 1. Last Name, First Name | | Relationship | | Contact Number |
| 2. Last Name, First Name | | Relationship | | Contact Number |
| 3. Last Name, First Name | | Relationship | | Contact Number |
| 4. Last Name, First Name | | Relationship | | Contact Number |
| *IN CASE OF EMERGENCY, I understand every effort will be made to contact the persons on this form. In the event contact cannot be reached, I hereby give my permission to the physician or dentist selected by the adult leader/coach in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for myself (Masters) or my child.*  *The undersigned, in consideration of participation in this program, agrees to indemnify and hold harmless the Gilroy Gators Swim Team (GGST) and/or Gilroy Gators Masters Swimming (GGMS) from any and all liability for any injury or loss which may be suffered by the individual named above, arising out of, or in any way connected with, participation in this program. I have read and agree to the above statement and I fully understand that I assume all risks for any injuries received.* | | | | |
| **Swimmers Medical Information** | | | | | |
|  | ***Swimmer 1*** | | ***Swimmer 2*** | | |
| *Name:* | Last Name, First Name | | Last Name, First Name | | |
| *Date of Birth:* | MM/DD/YYYY | | MM/DD/YYYY | | |
| *Allergies:* | Click or tap here to enter text. | | Click or tap here to enter text | | |
| *Medications:* | Click or tap here to enter text. | | Click or tap here to enter text | | |
| *Chronic Illness:* | Click or tap here to enter text. | | Click or tap here to enter text | | |
| *Other/Special Needs:* | Click or tap here to enter text. | | Click or tap here to enter text | | |
| *Physician’s Name:* | Last Name, First Name | | Last Name, First Name | | |
| *Physician’s Phone:* | Enter Phone Number | | Enter Phone Number | | |
| *Medical Insurance* | Enter Medical Insurance | | Enter Medical Insurance | | |
| *Health Plan ID #* | Enter Health Plane ID # | | Enter Health Plane ID # | | |

|  |  |  |
| --- | --- | --- |
|  | ***Swimmer 3*** | ***Swimmer 4*** |
| *Name:* | Last Name, First Name | Last Name, First Name |
| *Date of Birth:* | MM/DD/YYYY | MM/DD/YYYY |
| *Allergies:* | Click or tap here to enter text | Click or tap here to enter text |
| *Medications:* | Click or tap here to enter text | Click or tap here to enter text |
| *Chronic Illness:* | Click or tap here to enter text | Click or tap here to enter text |
| *Other/Special Needs:* | Click or tap here to enter text | Click or tap here to enter text |
| *Physician’s Name:* | Last Name, First Name | Last Name, First Name |
| *Physician’s Phone:* | Enter Phone Number | Enter Phone Number |
| *Medical Insurance* | Enter Medical Insurance. | Enter Medical Insurance |
| *Health Plan ID #* | Enter Health Plane ID # | Enter Health Plane ID # |
| *It is the parent’s/masters swimmer’s responsibility to discuss any of the above with the Coach so that they may both benefit from the Coach being well informed.* | | |

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** Click or tap to enter a date.

**Gilroy Gators Swim Team**

**Financial and Participation Agreement Family Name:** Enter Family Name

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Parent / Legal Guardian / Swimmer Information** | | | | | | |
| **Father:** | Enter Your First Name 󠇏 *Person to be billed* | | | | | |
| Address | # Street, City, Zip Code | | | | | |
| Email Address | Enter Email Address. | | *Home Phone*  Home Phone. | | *Work Phone*  Work Phone | |
|  | | | | | | |
| **Mother:** | Enter Your First Name 󠇏 *Person to be billed* | | | | | |
| Address | # Street, City, Zip Code | | | | | |
| Email Address | Enter Email Address. | | *Home Phone*  Home Phone. | | *Work Phone*  Work Phone | |
|  | | | | | | |
| **Legal Guardian:** | Enter Your First Name 󠇏 *Person to be billed* | | | | | |
| Address | # Street, City, Zip Code | | | | | |
| Email Address | Enter Email Address. | | *Home Phone*  Home Phone. | | *Work Phone*  Work Phone | |
| **Swimmer Information** | | | | | | |
|  | **Swimmer 1** | **Swimmer 2** | | **Swimmer 3** | | **Swimmer 4** |
| Last Name | Last Name | Last Name | | Last Name | | Last Name |
| First Name | First Name | First Name | | First Name | | First Name |
| Middle Initial | Middle Initial | Middle Initial | | Middle Initial | | Middle Initial |
| Sex (M/F) | M/F | M/F | | M/F | | M/F |
| Birthdate | MM/DD/YY | MM/DD/YY | | MM/DD/YY | | MM/DD/YY |
| Try-out Date | MM/DD/YY | MM/DD/YY | | MM/DD/YY | | MM/DD/YY |
| Start Date | MM/DD/YY | MM/DD/YY | | MM/DD/YY | | MM/DD/YY |
| Start Level / Group |  |  | |  | |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Monthly Fee Structure (Effective 07/01/2017)** | | | | |
| **Registration Fee** | | $160\* Registration Fee ($60 each additional swimmer) in addition to the Pacific Swimming Insurance  $100\*\* Family re-enrollment fee in addition to Pacific Swimming Insurance | | |
| GROUP | Water Lizards / $105 | | Iron / $140 | Gold / $150 |
| Mighty Gators / $110 | | Bronze / $140 | Senior Development / $150 |
| Cruisin’ Crocs I & II / $120 | | Silver / $150 | Senior / $150 |
| US Masters / $45 | | \*Sibling Discount: $15 for each swimmer | |
| \*One-time registration fee to join team, will include team swim suit and cap  \*\*If all swimmers in the family go inactive and the re-enrollment fee must be paid upon rejoining the team | | | | |

It is mandatory that monthly dues are paid by credit/debit card/ACH on Team Unify. Dues are charged and prepaid on the 1st of the month; a $25 fee will be charged if payment is late. All financial obligations must be met when taking a break or resigning from the Gilroy Gators Swim Team. You must submit a Change of Status form to the Treasurer (Dues Box) by the 15th of the month prior to which you wish to take a break or resign in order to not be charged or incur volunteer hours. Until this step is completed, your account will remain open, incurring monthly charges and fees and, if necessary, turned over to a collection agency. Dues shall be determined by and modified at the discretion of the Board of Directors.

Contract Start Date: Click or tap to enter a date.

I agree to abide by the requirements of the Financial and Volunteer Participation Agreements.

*\*Registration Fee and Volunteer Participation Requirements are not applicable to Masters Swimmers.*

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** Click or tap to enter a date.



Media Release Form

As part of the **Gilroy Gators Swim Team** communication process, the team maintains a web site and periodically prints newsletters and statistics or provides information to news organizations. This form documents how you want your swimmer’s information handled.

Please read and sign below. Indicate YES or NO where appropriate:

1. I hereby authorize the use of still photographs taken at swim meets or other swim team functions. I recognize these photos may be posted on the team website, Facebook, or other social media outlet or used by news media in covering swimming events.  Yes or  No
2. I understand that no personal demographic information will be posted on the team web site in conjunction with these photos.  Yes or  No
3. I hereby grant permission to post swimming-related statistics and information on the team website, the team newsletter and/or to provide this information to the news media.  Yes or  No
4. I understand that neither my swimmer nor I will receive payment or other compensation for the use of such photos or statistics.  Yes or  No
5. I understand that information listed on the LSC or USA Swimming web site regarding my child is not posted by the club.  Yes or  No
6. I authorize the Swim Club, LSC, and USA Swimming to use our contact information in a club roster.

Yes or  No

1. I hereby release the Swim Club, the LSC or USA Swimming from any and all liability in connection with the above said uses and purposes.  Yes or  No

**Date:** Click or tap to enter a date.

**Swimmer’s Name:** Click or tap here to enter text.

**Parent/Guardian Name:** Click or tap here to enter text.

**Parent/Guardian Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Welcome to Gilroy Gators Family!**