



Coast Aquatics Swim Team Fees and Other Information

Effective December 1, 2021

First thing you need to do is contact Coast Aquatics for a tryout to see which group your swimmer is best suited. Go to www.coastaquatics.org and select "Contact Us" and someone from our organization will be in touch with you to set up a tryout within 24 hours Monday – Friday.

Coast Aquatics Registration: Every new swimmer must pay a one-time registration fee.

US Swimming Registration: Every swimmer must pay a yearly US Swimming Registration (\$78) fee. It is required for insurance purposes and to compete in meets. New swimmers must pay the fee immediately. Returning swimmers are billed every November.

Training Fees: Coast Aquatics is a year round swim club. Training fees must be paid either monthly or semi-annually. Monthly payers must sign up for the automatic payment program on the team's website. Training fees apply to the **first three swimmers** in a family. Additional swimmers must still pay registration and meet fees.

- **Monthly Training Fees:** Must be paid by credit card or bank draft. Payment is charged on the first of the month. *(If you wish to cancel or suspend your membership you must notify the team treasurer 15 days in advance of the month in which you wish to cancel or suspend; otherwise your account will be charged and will not be eligible for a refund unless the suspension is a result of a medical injury. Account suspensions can only be in month increments and the swimmer may not attend practice or meets in the time period in which the swimmers account is suspended.)*

Group	Monthly Fees	Family Discount (additional children)
Senior	\$150	\$134
Junior	\$123	\$112
Age Group/Blue	\$112	\$102
Novice/Green	\$80	-

- **Semi-annually** (3% Discount): Must be paid by cash or check no later than September 10th and March 10th *(The only changes that can be made for semi-annual dues payers are as a result of a medical injury that will keep the swimmer out of the water for an extended time. The concept of the semi-annual pay category was founded on a discount in exchange for a six month commitment to the team.)*

Group	Semi-Annual Fees	Family Discount (additional children)
Senior	\$873	\$783
Junior	\$716	\$652
Age Group/Blue	\$652	\$594
Novice/Green	\$466	-

Team account: All team members will have an account on the Coast Aquatics website through Team Unify. Once an account has been set up for you, you will receive a user id and password. Your account will allow you to check your invoices, sign up for meets, and to sign up for volunteer duties. You will also receive a monthly billing statement which includes registration fees, training fees, meet entry fees, and any fundraising. If you choose to pay monthly, you are required to sign up for the AutoPay program.

Meet Fees: Meet fees are billed to your account and reflected on your monthly invoices. Meet fees cannot be refunded once the swimmer is entered into a meet regardless of swimmer's attendance at the meet. For our of town meets (outside of Okaloosa County) there will be a \$20 per family travel charge.

Fundraising Obligation: Each year we host an inter-squad meet called the "Black and Blue". This meet helps us raise additional funds we need to maintain our program, pools and is a great way for our team to bond and have some fun in the process. In addition our meets that we host are also a large source of revenue for the club and as club members you are expected to attend, support, and volunteer at these events.

Bluewater Bay Recreation Services Pool Members: Please provide a copy of your membership card if applicable.



Coast Aquatics Swim Team
Registration Form

Parent's Names _____ # of Swimmers _____

E-mail Address _____ Phone Number _____

Where did you hear about Coast Aquatics? _____

Does your family have a pool membership through Bluewater Bay Recreation Services? _____ Yes _____ No
How are you paying your training fees: _____ Monthly or _____ Semi-Annually? If paying training fees monthly, you are required to sign up for the AutoPay program which you can access through your account.

At which practice site will you train the majority of the time: _____ Aquatic Center Destin _____ Niceville
_____ Bernie Lefebvre Aquatics Center

	Swimmer's Name	Group	Training Fees	USA Swimming Registration \$78 per swimmer	Coast Team Registration \$25 per swimmer
1 st Swimmer					
2 nd Swimmer					
3 rd Swimmer					
4 th Swimmer					
5 th Swimmer					
Total			A.	B.	C.

Total Fees Paid: (A + B + C) _____

Please make checks out to Coast Aquatics / Check # _____ Check Amount _____

Financial Policy: I agree to pay all fees and obligations associated with joining the Coast Aquatics Swim Team. My payments will continue until I notify the team in writing, preferably e-mail, that my family is inactivating its membership. This must be done by the 15th of the month so all accounts can be brought current and my automatic accounts halted. If I do not notify the team by the 15th, I will incur another month's fees.

I (we) authorize Coast Aquatics, Inc. and those acting with its permission and under its authority (collectively referred to as "Coast Aquatics"), to use and publish recognizable images of my child,
_____, in any medium deemed appropriate by Coast Aquatics.

Signature (Parent/Guardian)

Date

Please attach:

- US Swimming Registration Form for each new swimmer
- Check for initial payment
- Copy of Recreation Services Membership Card, if applicable
- Any of the additional documents that are attached if applicable

Mail completed paperwork and payment to 4345 Commons Drive West, Destin, FL 32541. **DO NOT give paperwork to coaches.**

Additional documents you will need:

- **USA Swimming Registration Form** – All Swimmers are required to fill one of these out and submit with application.
- **The Emerald Coast Fitness Foundation Hold Harmless Agreement** – If your swimmer will be swimming at The Bernie or Destin Aquatic Center you will need to fill out this document which is attached.
- **Hurlburt Field Air Force Base Access** – If your swimmer will be swimming at Hurlburt Field Air Force Base you will need to fill out this document which is attached in order to gain base access.



PLEASE PRINT LEGIBLY • COMPLETE ALL INFORMATION:

Form fields for LAST NAME, LEGAL FIRST NAME, MIDDLE NAME, PREFERRED NAME, DATE OF BIRTH, SEX, AGE, CLUB CODE, and NAME OF CLUB YOU REPRESENT.

NOTE: If you are 18 years of age or older, you are required to abide by the Minor Athlete Abuse Prevention Policy. In addition, in order to be a member in good standing you must complete the Athlete Protection Training. The training can be accessed at www.usaswimming.org/apt

Form fields for GUARDIAN #1 LAST NAME, GUARDIAN #1 FIRST NAME, GUARDIAN #2 LAST NAME, GUARDIAN #2 FIRST NAME, MAILING ADDRESS, CITY, STATE, ZIP CODE, AREA CODE, TELEPHONE NO., FAMILY/HOUSEHOLD EMAIL ADDRESS, and MEMBER'S EMAIL ADDRESS.

U.S. CITIZEN: YES NO ARE YOU A MEMBER OF ANOTHER FINA FEDERATION? YES NO IF YES, WHICH FEDERATION:

HAVE YOU REPRESENTED THAT FEDERATION AT INTERNATIONAL COMPETITION? YES NO

OPTIONAL section with DISABILITY and RACE AND ETHNICITY options.

Table showing 2022 REGISTRATION FEE: USA Swimming Fee \$66.00 + LSC Fee \$12.00 = TOTAL DUE \$78.00.

MAKE CHECK PAYABLE TO: Unattached Swimmers payable to Southeastern Swimming Or payable to your club

MAIL APPLICATION & PAYMENT TO: Unattached Swimmers sent the SES Office. 8607 Marlin Pl Panama City Beach, FL 32408 Or give to your club.

HIGH SCHOOL STUDENTS - Year of high school graduation: YEAR LAST REGISTERED: CLUB CODE: LSC CODE: AND THE DATE OF YOUR LAST COMPETITION REPRESENTING THAT CLUB:

- Check if you would like to learn more about the USA Swimming Foundation's initiatives
Check if you would like to receive the electronic USA Swimming Newsletter (must be 13 years of age or older)

SIGN HERE x SIGNATURE OF ATHLETE, PARENT OR GUARDIAN DATE

REG. DATE/LSC USE ONLY



Emerald Coast Fitness Foundation, Inc.

114 Ready Avenue, Fort Walton Beach, FL 32548



GENERAL RELEASE, INDEMNITY, AND HOLD HARMLESS AGREEMENT

I, _____, the undersigned participant or parent/guardian of _____ (minor child) (the "Participant"), who participates as a member of **COAST AQUATICS SWIM TEAM** at the Bernie R. Lefebvre Aquatic Center at 1127 Hospital Road, Fort Walton Beach, Florida, (the "Facility") and at the Aquatic Center in Destin at 4345 Commons Drive West, Destin, Florida (the "Facility") acknowledge that by signing this document, I am releasing Emerald Coast Fitness Foundation, Inc., Liza Jackson Preparatory School, Inc, Mattie Kelly Arts Foundation, Inc., and the City of Fort Walton Beach, their officers, agents and employees, including instructors and coaches, (the "Releasees") from liability. This is a contract with legal consequences. I have been advised to read it carefully before signing and I acknowledge I have the right to have legal counsel review it before participating in the program.

IN CONSIDERATION OF, AND AS A CONDITION TO MY ENTERING, BEING PRESENT OR PARTICIPATING IN ANY PROGRAM OR EVENT AT THE FACILITY, I HEREBY KNOWINGLY AND INTENTIONALLY RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE, the Releasees from any and all claims, causes of action, suits, controversies or liabilities of any kind whatsoever against any of the Releasees which in any way directly or indirectly arise from or are connected with my entry, presence or participation at the Facility, or to the risks associated with a swimming pool, including, without limitation, any claim or cause of action involving death, mutilation, bodily injury, emotional distress, or loss or damage to property whether caused by the active, passive or grossly negligent act or omission of Releasees, myself or any other person or entity, and further, from any and all liability to me, my personal representatives, assigns, and heirs for any and all loss or damage, and any claims or demands therefore on account of injury to me or resulting in my death, whether caused by the negligence of the Releasees or otherwise, while I am present at the Facility or while participating in any activity at the Facility.

I HEREBY AGREE TO INDEMNIFY, DEFEND AND HOLD HARMLESS the Releasees from any and all loss, liability, damage, or costs, including attorney's fees and costs, as a result of any claims, demands, actions, causes of action, damages, or judgments, that Releasees may incur arising out of, claimed on account of, or in any manner predicated upon my use of the Facility and/or while participating in any activity while at the Facility including any and all loss or damage to property, personal or otherwise, personal injury or death of any person, which occurs as a result of me, my guest(s)'s or my family member(s)'s use of the Facility or while participating in any activity at the Facility, even where the loss, damage, personal injury or death is caused or contributed to by the Releasees, whether caused by their negligence or otherwise.

I FURTHER HEREBY HOLD EACH OF THE RELEASED PARTIES HARMLESS from and against all of the above described claims, and hereby indemnify each of the Releasees with respect to any claim, cause of action, suit, controversy or liability of any kind whatsoever arising from my own acts or omissions in connection with my entry, presence or participation at the Facility, or to the risks associated with a swimming pool, whether my acts or omissions are actively, passively, or grossly negligent or intentional. I hereby covenant and agree to indemnify, protect, defend, hold and save harmless the Releasees, from any and all claims, actions, lawsuits and demands of any kind or nature arising out of this Agreement. For and in consideration of the opportunity to participate in swimming and related activities at the Facility, I, my heirs, successors and assigns, forever release, hold harmless and indemnify the Releasees from any and all liability whatsoever for any personal property damage or for any personal injury that may result from said participation.

I agree, for myself, my heirs, successors and assigns, that the above representations are contractually binding and are not mere recitals, and that should I, my Personal Representative, heirs, successors or assigns, assert any claim in contravention of this Agreement, the asserting party shall be liable for the expenses (including reasonable attorney fees and costs) incurred by the other party or parties. This Agreement may not be modified orally, and waiver of any provision shall not be construed as a modification of any provision herein or as consent to any subsequent waiver or modification. I am at least 18 years of age and suffer from no physical, mental, legal or other disabilities that prevent me from fully understanding the terms of signing this Agreement.

PARTICIPANT (OR GUARDIAN) SIGNATURE: _____ **DATE:** _____
PARTICIPANT NAME (printed): _____ **PARENT/GUARDIAN NAME (if participant is under 18):** _____
ADDRESS: _____ **CITY:** _____ **STATE:** _____ **ZIP:** _____
TELEPHONE: _____

Hurlburt AFB Base Access

If you need to have access to Hurlburt AFB to coach, drop off or pick up a swimmer, and you don't have a Military ID to get on base, you must be entered into the Visitor Control Access List.

To get on the list, e-mail the following information to Coach Will; wjbreehl@aol.com

Swimmer Name and Information on person/driver needing access as listed below:

Full Name: _____

Date of Birth: _____

Driver's License number: _____

Names will be added ASAP but there may be up to a few days before you are on the list.

Once added to the list, you will need to go through the main gate off highway 98 (the back gate isn't reliable to have the list) with your normal ID. Tell the guard you are with Coast Aquatics swimming team and show your ID. There may be some time for the guards to check the list. Once they match you up, you are good to go.

If you have any problems, ask Coach Will.