Coast Aquatics Swim Team Fees and Other Information  
Effective August 15, 2019

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 ($74) 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 which 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.)

<table>
<thead>
<tr>
<th>Group</th>
<th>Monthly Fees</th>
<th>Family Discount (additional children)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Senior</td>
<td>$150</td>
<td>$134</td>
</tr>
<tr>
<td>Junior</td>
<td>$123</td>
<td>$112</td>
</tr>
<tr>
<td>Age Group/Blue</td>
<td>$112</td>
<td>$102</td>
</tr>
<tr>
<td>Novice/Green</td>
<td>$80</td>
<td>-</td>
</tr>
</tbody>
</table>

- **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.)

<table>
<thead>
<tr>
<th>Group</th>
<th>Semi-Annual Fees</th>
<th>Family Discount (additional children)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Senior</td>
<td>$873</td>
<td>$783</td>
</tr>
<tr>
<td>Junior</td>
<td>$716</td>
<td>$652</td>
</tr>
<tr>
<td>Age Group/Blue</td>
<td>$652</td>
<td>$594</td>
</tr>
<tr>
<td>Novice/Green</td>
<td>$466</td>
<td>-</td>
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</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Swimmer’s Name</th>
<th>Group</th>
<th>Training Fees</th>
<th>USA Swimming Registration</th>
<th>Coast Team Registration</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st Swimmer</td>
<td></td>
<td></td>
<td>$74 per swimmer</td>
<td>$25 per swimmer</td>
</tr>
<tr>
<td>2nd Swimmer</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>3rd Swimmer</td>
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<tr>
<td>4th Swimmer</td>
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<tr>
<td>5th Swimmer</td>
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<td></td>
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<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

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 P.O. Box 1600, Fort Walton Beach, FL 32549. 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.
2020 ATHLETE REGISTRATION APPLICATION
LSC: Southeastern Swimming - SES

PLEASE PRINT LEGIBLY ● COMPLETE ALL INFORMATION:

LAST NAME
LEGAL FIRST NAME
MIDDLE NAME

PREFERRED NAME
DATE OF BIRTH (MDAY/YR)
SEX (M/F)
AGE
CLUB CODE
NAME OF CLUB YOU REPRESENT

Your Local Swim Team
If swimming Unattached to SE Swimming
327 East Longleaf Dr
Auburn, AL 36832

MAKE CHECK PAYABLE TO:

Your Local Swim Team
If swimming Unattached to SE Swimming

MAIL APPLICATION & PAYMENT TO:

Registration Fee
Sept. 1, 2019 through Dec. 31, 2020
USA Swimming Fee $62.00
LSC Fee $12.00
TOTAL DUE $74.00

OPTIONAL

DISABILITY:
☐ A. Legally Blind or Visually Impaired
☐ B. Deaf or Hard of Hearing
☐ C. Physical Disability such as amputation, cerebral palsy, dwarfism, spinal injury, mobility impairment
☐ D. Cognitive Disability such as severe learning disorder, autism

RACE AND ETHNICITY (You may check up to two choices):
☐ A. Black or African American
☐ B. White
☐ C. Hispanic or Latino
☐ D. American Indian & Alaska Native
☐ E. Some Other Race
☐ F. Native Hawaiian & Other Pacific Islander

U.S. CITIZEN: ☐ YES ☐ NO

HIGH SCHOOL STUDENTS – Year of high school graduation: ______________

YEAR LAST REGISTERED: ________, IF YOU REGISTERED WITH A DIFFERENT USA SWIMMING CLUB IN 2019, ENTER THAT CLUB CODE: ________LSC CODE: ________AND THE DATE OF YOUR LAST COMPETITION REPRESENTING THAT CLUB: ________.

SIGNATURE OF ATHLETE, PARENT OR GUARDIAN

SIGNATURE OF GUARDIAN

DATE

MADE IN USA
2020

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

☐ ARE YOU A MEMBER OF ANOTHER FINA FEDERATION? ☐ YES ☐ NO

☐ HAVE YOU REPRESENTED THAT FEDERATION AT INTERNATIONAL COMPETITION? ☐ YES ☐ NO

☐ 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)

REG. DATE/LSC USE ONLY ________________
INDEMNITY AND HOLD HARMLESS AGREEMENT

I ________________________________ am a parent or guardian of ______________________ (minor child), who participates in the COAST AQUATICS SWIM TEAM. I acknowledge that by signing this document, I am releasing Emerald Coast Fitness Foundation, Inc., Liza Jackson Preparatory School, Inc. and the City of Fort Walton Beach, Mattie Kelly Arts Foundation, Inc. and their officers, agents and employees from liability. This is a contract with legal consequences. I have been advised to read it carefully and to obtain legal advice before signing.

I covenant and agree to indemnify, protect, defend, hold and save harmless the Emerald Coast Fitness Foundation, Inc., Liza Jackson Preparatory School, Inc. and the City of Fort Walton Beach, Mattie Kelly Arts Foundation, Inc. and their officers, agents and employees, from any and all claims, actions, lawsuits and demands of any kind or nature arising out of my child’s use of the Bernie R. Lefebvre Aquatic Center (BRLAC) and the Aquatic Center in Destin (ACD) and his/her participation in any of the programs offered by the ECFF.

For and in consideration of the opportunity to participate in aquatic activities at the Pool at the Ron Crawford Recreation Center at 1127 Hospital Road, Fort Walton Beach, Florida, and the Aquatic Center in Destin at 4345 Commons Drive West, Destin, Florida, the undersigned participant, my heirs, successor and assigns, forever hold harmless the Emerald Coast Fitness Foundation, Inc., Liza Jackson Preparatory School, Inc. and the City of Fort Walton Beach, and their officers, agents and employees, 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 successors and assignee, that the above representations are contractually binding and are not mere recitals, and that should I or my successors assert any claim in contravention of this agreement, the asserting party shall be responsible for the payment of legal 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.

PROGRAM NAME: COAST AQUATICS SWIM TEAM

PARTICIPANT’S NAME (printed): ____________________________________________

PARENT/GUARDIAN NAME (if participant is under 18): _________________________

PARENT/GUARDIAN SIGNATURE: ___________________________________________

ADDRESS: _________________________________________________________________

DATE: __________________ PHONE#: __________________________
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.