



GATOR INFORMATION SHEET

2020-2021 Virginia Gators

Annual Facility Surcharge:

The Gator Aquatic Center is a privately funded not-for-profit 501(c)3 organization that is solely dependent on the public and the swim team to keep its doors open. In lieu of charging memberships to each individual, and in order to keep the equipment up-to-date, we must charge this fee to each individual/family. The swim team would not be able to exist with its current time and space without the facility, and the facility would not be able to exist without the team. This is a symbiotic relationship, so please remember that when you are paying this charge and you are at the pool, it is partly yours so please treat it with respect and reverence. This surcharge will be used to provide an upgrade to the facility each year and/or ensure that if we go through unexpected mechanical problems or economic downturns, we will be able to keep the doors open to the facility. The facility surcharge gives you access to the facility during non-swim club hours.

Annual Family Aquatic Center Improvement Fee: \$150.00 per family

(applies to Mighty Gator Group and Up)

Team Registration Fee: \$135.00 per swimmer

***This includes: USA Swimming registration and insurance, 1 silicone team cap, team shirt and cost of team banquet and awards.*

Training Fees:

Monthly Fees:

Group	Amount
Senior	\$200.00
Age Group Gold	\$185.00
Mighty Gators	\$155.00
Blue Group	\$125.00
Gator Eggs (2 X per week) M/W or T/Th	\$100.00
We also offer 3 Development groups:	\$110 + Reg. Fee
	\$125 + Reg. Fee
Blue: 6-9 yrs,	\$125 + Reg. Fee
Age Group: 9-12 years	Registration Fee
Senior: 13yrs +	based on meet participation



P.O. Box 4646 □ Roanoke, VA 24015
 Phone (540) 982-7665 Fax (540) 985-6667

5% Discount if annual training fees paid in full upon signing.	
\$10 discount per month for second family member upon signing (oldest sibling)	

Discounts:

\$20 discount per month for third family member upon signing (oldest sibling)
Additional \$10 discount per month for each additional family member upon signing.

Break down of yearly invoice will be as follows for all groups:

September <i>(or month joining)</i>	Facility fee + Team Registration + First Month's Swim Fees
October thru May	Monthly swim fees

Special Note: Facility fee can be broken out over 2 months.

Summer fees will be as follows (Due June 1st):

Senior	\$600
Age Group Gold	\$500
Mighty Gators	\$300
Blue Group	\$200

If anybody chooses to pay 12 months in advance, we offer a 5% discount.



P.O. Box 4646 □ Roanoke, VA 24015
Phone (540) 982-7665 Fax (540) 985-6667

► **Discounts:**

- Five percent discount if annual training fees paid in full upon signing.
- \$10 discount per month for second family member upon signing.
- \$20 discount per month for third family member upon signing.
- Additional \$10 discount per month for each additional family member upon signing.

► **Payment:** Every family must pay either the annual training fees in advance OR by monthly bank transfer.

Fundraising Commitment:

The monthly training fees are not enough to cover all the costs associated with the teams and facility. In order to keep your monthly costs down, retain the great coaching staff and to keep the facility operational, therefore, we use fundraising activities throughout the year to fulfill this short fall.

- *The team may take part in a GENERAL TEAM FUNDRAISER where any money earned will go directly to the facility & team improvement.*
- *We have selected Kroger Card sales as our overall team project for this year. Kroger Cards are very easy to use and can turn a profit quite quickly with the cost of groceries and gas today. To help the Gators and to help yourself, we will put 50% of your profit from the Kroger Card income into the facility and team improvement area and **50% in your Family's Meet Escrow Account to help cover your meet expenses.***
- Fundraisers will be announced throughout the season.

There will be a chairperson from each group for each of the events.



P.O. Box 4646 □ Roanoke, VA 24015
Phone (540) 982-7665 Fax (540) 985-6667

Volunteer Commitment:

The Virginia Gators subsidize their yearly budget by hosting “home” meets each year. The Gators are a parent run organization from the top down, and everyone’s help is needed for us to be a success.

Bingo / Banner Program

Bingo/Banner Program: The Bingo/Banner program is a vital source of funding both for the swim team and the Gator Aquatic Center. Fifty percent or more of our annual operating budget is obtained through the Bingo/Banner program. Remember, the Gator team and the Aquatic Center are symbiotic, one would not exist without the other. The Bingo/Banner program is run and operated by the Swim Team Volunteer Board, and everyone’s help with this program is essential for both the Gators and the Aquatic Center’s existence. Therefore , all Gator Families will be required to work one bingo session per month throughout the calendar year, or sell banners depending on your group classification. Please contact rebeccamuzy@gmail.com for available sign up opportunities. The bingo slots are filled on a first-come, first-serve basis.

- BINGO:** 1 fundraising unit per family for each month in the program
- Banners:** 1 banner sold equals 6 fundraising units
- 2 banners sold equals 13 fundraising units



P.O. Box 4646 □ Roanoke, VA 24015
 Phone (540) 982-7665 Fax (540) 985-6667

Swimmer and Family Information

	FULL NAME (top line) <i>(LAST, FIRST, MIDDLE Initial REQUIRED)</i> Email Address (bottom line)	Birth Date <i>(MM/DD/YY)</i>	Group	T-Shirt Size <i>(Circle one)</i>	Suit Size	Swimmer's Cell Phone
Swimmer # 1				XS YM YL XL AS AM AL		
Swimmer # 2				XS YM YL XL AS AM AL		
Swimmer # 3				XS YM YL XL AS AM AL		
Swimmer # 4				XS YM YL XL AS AM AL		

ADDRESS (Primary Residence):			
Street	City, State	Zip	Home Phone or Primary Contact #

	MOM		DAD
		NAME	
		Home Phone	
		Cell Phone *Include Carrier for SMS*	
		Work Phone	
		Occupation	
		EMAIL *Required*	
		Address (if different)	



P.O. Box 4646 □ Roanoke, VA 24015
Phone (540) 982-7665 Fax (540) 985-6667



P.O. Box 4646 □ Roanoke, VA 24015
Phone (540) 982-7665 Fax (540) 985-6667

Medical Release Form

Child's Full Name: _____ Date of Birth: ____/____/____

Home Address: _____

City: _____ State: _____ Zip: _____

Name of Mother or Legal Guardian: _____

Employer: _____ Cell Phone: _____ Work Phone: _____

Name of Father or Legal Guardian: _____

Employer: _____ Cell Phone: _____ Work Phone: _____

Emergency contacts if parent/guardian cannot be reached:

Name	Relationship	Phone

Child's Physician/Clinic: _____ Phone: _____

Address: _____

Preferred Hospital: _____

Routine Medications Taken By Child: _____