



# Vallejo Aquatic Club, Inc.

P.O. Box 5846 Vallejo, CA 94591

(707)-553-SWIM

[www.vallejoaquatics.org](http://www.vallejoaquatics.org)

## Membership Application Packet Masters Group

(Updated March 2021)



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Start Date: \_\_\_\_\_

USMS Reg #: \_\_\_\_\_

**Swimmer Information (Please Print):**

Last Name	First Name	Middle Name	Preferred Name	Birth Date	M/F
_____	_____	_____	_____	_____	_____

ETHNICITY (In accordance with U.S. Census Bureau guidelines, you may make up to two choices if appropriate):

- |  |   |
|--|---|
| <input type="checkbox"/> Black /African-American         | <input type="checkbox"/> Asian                                    |
| <input type="checkbox"/> White                           | <input type="checkbox"/> Hispanic or Latino                       |
| <input type="checkbox"/> Native-American & Alaska Native | <input type="checkbox"/> Native Hawaiian & Other Pacific Islander |
| <input type="checkbox"/> Other                           |   |

Email address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, and Zip: \_\_\_\_\_

Permission for Team Directory   
  Address   
  Phone Number   
  Email address

I give Vallejo Aquatic Club permission to use photographs of myself for VJO publicity:     YES     NO

Name of family members in the Club: \_\_\_\_\_ Member Since: \_\_\_\_\_

**For VJO Membership use only**

Date entered on Swim Team Unify: \_\_\_\_\_

USMS Reg #: \_\_\_\_\_

Initial Amount Paid: \_\_\_\_\_ Check # \_\_\_\_\_ Receipt # \_\_\_\_\_



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## MEDICAL RELEASE AND APPROVAL

Last Name	First Name	Middle Name	Preferred Name	Birth Date	M/F
_____	_____	_____	_____	_____	_____

EMERGENCY CONTACT PERSON/S	Relationships	Cell Phone
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

### Legal Authorization

In case of medical emergency and/or medical attention is deemed necessary when participating in a Vallejo Aquatic Club, Inc. team activity/event, I hereby authorize to be treated by a licensed medical staff person.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (PRINT): \_\_\_\_\_

Swimmer's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Swimmer's Medical Insurance: \_\_\_\_\_ Medical ID Number: \_\_\_\_\_

Allergies: \_\_\_\_\_

Known medical conditions: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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### REGISTRATION AND FEES POLICY

Updated June 2019

Type of Fee	Check Payable To	Amount	Re-Registration Date
<b>US Masters Swimming Registration "USMS"</b>	<i>Must be a USMS Member To Register go to: <a href="http://www.USMS.org">www.USMS.org</a></i>	\$60.00	October (yearly)
<b>Masters Group Swimmer Monthly Dues</b>	<i>Vallejo Aquatic Club</i>	\$50.00	1st of the Month

#### **General Information:**

#### **All fees must be paid by the applicant upon acceptance to Vallejo Aquatic Club:**

- Check in the amount of the first monthly dues according to the rate schedule above, payable to Vallejo Aquatic Club.
- All forms and checks for new members should be placed in the Membership folder (located in the cart at the pool deck).
- It is the policy of VJO that swimming on any one day of a calendar month constitutes active membership for the entire month and monthly dues must be paid accordingly. VJO does not prorate monthly dues.
- All members are required to be on automatic bill pay/recurring payment. The first months dues may be paid by check.

**Monthly Dues:** Monthly dues must be paid by the 1st of each calendar month using the fee schedule in the above chart. Monthly dues pay for coach's salaries and pool rental.

**Late Payment Fee:** A \$10 late payment fee is added to monthly dues if the payment is received after the 15<sup>th</sup> of the month.

**Annual Break:** Every year, VJO takes a two-week break from all meets and practices. These two weeks are usually the first two weeks of August. Members active on August 1st are required to pay the entire month's dues for August.

**Please Note:** A Returned Check is subject to a \$50.00 fee.

If you have any questions regarding membership with the Vallejo Aquatic Club, please contact Membership Coordinator at email [info@vallejoaquatics.org](mailto:info@vallejoaquatics.org).



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## Recurring Payment Authorization Form

### Here's how recurring payments work:

You authorize regularly scheduled charges to your checking/savings account or credit card (VISA or MASTERCARD Only). You will be charged with the amount indicated below for each billing period. A receipt can be requested from the VJO Treasurer and the charges will appear on your bank statement. You agree that no prior notification will be provided unless the date or amount changes, in which cases you will receive notice from VJO Treasurer at least 15 days prior to the payment being collected.

### Please complete the information below:

I, \_\_\_\_\_ authorize Vallejo Aquatic Club, Inc. to charge my checking/savings or credit card indicated below for the amount of \_\_\_\_\_ on the first of each month for the payment of my swim dues for my swimmer/s \_\_\_\_\_

Billing Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Checking     Savings

Name on Account: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

Bank Routing Number: \_\_\_\_\_

Bank City and State: \_\_\_\_\_

VISA     MasterCard

Cardholder Name: \_\_\_\_\_

Credit Card Name: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

CVV Code: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I understand the authorization will remain in effect until I cancel it in writing and I agree to notify Vallejo Aquatic Club, Inc. in writing of any changes in my account information, or termination of this authorization at least 15 days prior to the next billing cycle. If the above noted payment dates fall on a weekend, or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of ACH transactions being rejected for NON sufficient funds (NSF), I understand that Vallejo Aquatic Club, Inc. may at its discretion attempt to process the charge again within 30 days.