



## Pleasant Prairie Patriots 2019-2020 Payment Form /Automatic Payment Options



Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Participant Name	MI	Gender	DOB	RecPlex Member?		Group	Swim Team Session		
				YES	NO		1	2	3

\*Multiple swimmer discount: 1<sup>st</sup> athlete full, \$5/month for 2<sup>nd</sup> athlete, \$10/month for 3<sup>rd</sup> athlete, 4<sup>th</sup> + athlete(s) free

Group	RecPlex Member Fee			Non-Member Fee		
	Monthly	Session 1: September- November	Session 2: December- March  Session 3:April-July	Monthly	Session 1: September- November	Session 2: December- March  Session 3:April-July
<b>Barracuda</b>	\$55	\$165	\$220	\$65	\$195	\$260
<b>Fitness and Technique (10 &amp; Under and 11 &amp; Over)</b>	\$45	\$135	\$180	\$55	\$165	\$220
<b>Red</b>	\$60	\$180	\$240	\$80.83	\$242.49	\$323.32
<b>White</b>	\$70	\$210	\$280	\$90.83	\$272.49	\$363.32
<b>Blue</b>	\$87.50	\$262.50	\$350	\$108.33	\$324.99	\$433.32
<b>Senior</b>	\$105	\$315	\$420	\$125.83	\$377.49	\$503.32
<b>Elite (24 Athlete Cap)</b>	\$150	\$450	\$600	\$170.83	\$512.49	\$683.32

### Registration Agreement

I agree to the policies and procedures set forth in the Patriots Swim Team Handbook. I understand that while participating at Patriots practices and events, the coach/official is in charge. By registering for a season of Patriots Swimming you agree to all volunteer obligations of that season under financial penalty laid out in the Team Handbook. RecPlex and Patriots Swimming has my permission to use any photographs taken during the program for the purpose of display or publicity.

**Emergency Treatment:** I grant RecPlex permission to administer emergency treatment. This may include, but is not limited to, emergency first aid, local rescue or local hospital/trauma center.

**Agreement:** I understand that I am responsible for the payment(s) as indicated on the previous page(s) for the enrolled season(s). Failure to comply by this will result in suspension from the program.

**Payment:** Payments are due as indicated on the payment authorization form. I agree to make payments to Village of Pleasant Prairie/RecPlex no later than the due date. I understand that declined payments are subject to a \$25 NSF fee. Failure to make payment could result in suspension from the program.

By completing and signing the registration form, I understand and agree to the terms, policies and guidelines set forth in the Patriots Swimming Team Handbook. I agree to be responsible for all costs incurred with collecting debts that are past due, including but not limited to, fees for late payments, uncollected payments, filing fees, court costs, and attorney's fees.

**By signing below you understand and agree to Village of Pleasant Prairie/RecPlex payment terms and authorize Village of Pleasant Prairie/RecPlex to process your payments in accordance with my selection. Village of Pleasant Prairie/RecPlex will securely maintain your financial information. Participants are responsible for updating with RecPlex any changes to your payment information, including credit card number, expiration date, credit card verification number, checking account information, and billing address changes.**

Check Here:  I have read and agree to the Pleasant Prairie Patriots Swimming Policies.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Pleasant Prairie Patriots 2019-2020 Payment Form /Automatic Payment Options

Please choose if you would like to Pay in Full or pay by Monthly Payments:

**Pay in Full— One Payment in Full**

© Funds will be automatically withdrawn from your credit card or checking account on the first month of the session, on the second Friday of that month.

**Monthly Payments— Monthly Installments**

© Funds will be automatically withdrawn from your credit card or checking account on the 2<sup>nd</sup> Friday of each month

**Checking**

Account number: \_\_\_\_\_

Routing number: \_\_\_\_\_

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

**Credit Card**

Card Type: (circle one) *Visa MasterCard Discover AMEX*      Financial Institution Name: (bank name on card) \_\_\_\_\_

Card holder Name: (print) \_\_\_\_\_

Credit Card # \_\_\_\_\_      Expiration Date: \_\_\_\_\_

Card holder billing address: \_\_\_\_\_

**Checking or Credit Card Payment Agreement:**

I hereby authorize the RecPlex and the financial institution designated above to begin automatic deductions from the account designated above for all participants listed on this form. I understand I will be charged in accordance with my above selection. My automatic deduction will occur on the 2<sup>nd</sup> Friday of each month, or up to 5 business days thereafter. I understand that my monthly bank statement will typically show the amount and the date payment was made to the RecPlex, if I am pay via a credit card, or VPP if I am paying via a checking. I understand that I am responsible for ensuring that the account designated above has sufficient funds on the 2<sup>nd</sup> Friday of each month or up to 5 business days thereafter, to allow for the automatic deduction of my payment. I understand that it is my responsibility to ensure the checking account # and routing # or credit card # are correct on this document and it is my responsibility to fill out a new form if I change financial institutions. I will notify the RecPlex of any changes to my account information, in writing, 2 weeks prior to my monthly auto draft deduction. I understand I am liable for any uncollected payment and for any fees or penalties imposed by the RecPlex or my financial institution related to any uncollected payment. I understand that any declined payments are subject to a \$25 NSF Fee.

**Check Here:** I have read and agree to the terms of this agreement, as well as the RecPlex bank draft payment schedule and its policies.

Account Holder's Name (Print): \_\_\_\_\_

Account Holder's Signature: \_\_\_\_\_ Date: \_\_\_\_\_