



COAST GUARD BLUE DOLPHINS SWIM TEAM

PERMISSION FOR EMERGENCY CARE

Swimmer's Name: _____ Birth Date: _____

Parent/Guardian Name: _____

Address: _____

	Street		City		State	Zip
Home Phone:	_____	Cell Phone:	_____	Work Phone:	_____	_____

Family Physician: _____ Phone: _____

Insurance Co: _____ Policy No: _____

In case of emergency, when my family physician or I may not be reached, the Coast Guard Blue Dolphins Swim Team (duly authorized coach or chaperone) has my permission to take my child to the emergency room of the nearest hospital and the hospital and their medical staffs have my permission to provide treatment which a physician deems necessary.

Parent/Guardian Signature: _____ Date: _____

List any medical condition(s) and/or allergies the swimmer may have: _____

List any medication the swimmer is presently taking: _____

PLEASE COMPLETE AND RETURN TO THE TEAM ADMINISTRATOR



COAST GUARD BLUE DOLPHINS SWIM TEAM

ASSUMPTION OF RISK & RELEASE

In agreeing to use the Fort Eustis Aquatic Center as a member of the Coast Guard Blue Dolphins Swim Team, I affirm that my general health is good and that I am not adversely affected by exercise, and that I am capable of engaging in activities of vigorous nature. I am aware of the possibility of accidental or other physical injury during the use of the Fort Eustis Aquatic Center and/or participation in programs conducted at the center by Coast Guard Blue Dolphins and co-sponsored programs with other agencies.

In consideration of participating at the Fort Eustis Aquatic Center, I do hereby agree to assume all risks of such injury and will hold harmless from any and all liability, actions, causes of action, claims and demands of every kind and nature whatsoever which I now have or which may arise of or in connection with my participation in activities while on the Coast Guard Blue Dolphins Swim Team or use of facilities owned by Fort Eustis Aquatic Center, its employees and staff. The terms hereof shall serve as a release and assumption of risk for my heirs, executors and administrators for all members of my family, including minors.

I have read this agreement and understand the activity in which I will be engaged. I have agreed to the conditions stated above.

NAME

SIGNATURE OF PARTICIPANT

ADDRESS

(SIGNATURE OF PARENT OR GUARDIAN IF PARTICIPANT IS UNDER 18 YEARS OF AGE)

CITY/STATE/ZIP

IMPORTANT

Please note any physical limitations, medications or contraindications, such as heart condition, high blood pressure, diabetes, etc. that would limit your participation in any physical activity.

PLEASE COMPLETE AND RETURN TO THE TEAM ADMINISTRATOR



COAST GUARD BLUE DOLPHINS SWIM TEAM

ASSUMPTION OF RISK & RELEASE

In agreeing to use the College of William & Mary aquatic facilities as a member of the Coast Guard Blue Dolphins Swim Team, I affirm that my general health is good and that I am not adversely affected by exercise, and that I am capable of engaging in activities of vigorous nature. I am aware of the possibility of accidental or other physical injury during the use of the College of William & Mary aquatic facilities and/or participation in programs conducted at the center by Coast Guard Blue Dolphins and co-sponsored programs with other agencies.

In consideration of participating at the College of William & Mary aquatic facilities, I do hereby agree to assume all risks of such injury and will hold harmless from any and all liability, actions, causes of action, claims and demands of every kind and nature whatsoever which I now have or which may arise of or in connection with my participation in activities while on the Coast Guard Blue Dolphins Swim Team or use of facilities owned by College of William & Mary aquatic facilities, its employees and staff. The terms hereof shall serve as a release and assumption of risk for my heirs, executors and administrators for all members of my family, including minors.

I have read this agreement and understand the activity in which I will be engaged. I have agreed to the conditions stated above.

NAME

SIGNATURE OF PARTICIPANT

ADDRESS

(SIGNATURE OF PARENT OR GUARDIAN IF PARTICIPANT IS UNDER 18 YEARS OF AGE)

CITY/STATE/ZIP

IMPORTANT

Please note any physical limitations, medications or contraindications, such as heart condition, high blood pressure, diabetes, etc. that would limit your participation in any physical activity.

PLEASE COMPLETE AND RETURN TO THE TEAM ADMINISTRATOR



COAST GUARD BLUE DOLPHINS SWIM TEAM

RELEASE OF LIABILITY

I hereby release the U.S. Coast Guard Reserve Training Center-Yorktown, the Coast Guard Blue Dolphins Swim Team, its Executive Board and Coaches from liability resulting from any accident, loss of property, etc. that may occur on their premises during practice, at a meet, or in transit to or from same.

(Name of Swimmer)

Date: _____ Parent/Guardian Signatures: _____

I, _____ parent/guardian of _____ in consideration of the permission granted to me by the Commanding Officer, U.S. Coast Guard Reserve Training Center - Yorktown to use the following facilities: Pool, and, on occasion, transportation to and from meets at Yorktown, Virginia, do hereby for myself, my heirs, executors and administrators agree to hold harmless the United States Government, including any department or agency thereof, its agents and all military and civilian personnel, acting officially or otherwise, and to forever remise, release and discharge the Government of the United States, its officers and agents acting officially or otherwise, from any and all claims, demands, acts, or cause of action of every nature and character whatsoever in law or equity which may arise or occur as a result of any injuries which he/she may receive while using facilities as listed above.

Parent/Guardian Signatures: _____

Date: _____

PLEASE COMPLETE AND RETURN TO THE TEAM ADMINISTRATOR

MIDTOWN AQUATIC CENTER

570 McLawhorne Drive
Newport News, Virginia 23601
(757) 591-4573

Authorization to participate in Aquatic Programs

(All parents or guardians of participants under age 18 must fill out this Authorization Form completely prior to participating in any Aquatic Programs at this facility)

CHILDREN MUST BE A MINIMUM OF 13 YEARS OF AGE TO PARTICIPATE IN OPEN RECREATION SWIM WITHOUT A PARENT/GUARDIAN PRESENT

Swim Team or Group Name COAST GUARD BLUE DOLPHINS SWIM TEAM

1. Swim Team 2. Daily 3. Guest 4. Group 5. Special Event

Participant Name (Print) _____

Address _____
Street Address City State Zip

Phone (day) _____ (evening) _____ Date of Birth _____

IN CASE OF EMERGENCY CONTACT:

Name _____ Phone _____

Relationship to Participant _____

I understand that a shower is required before entering the pool.

(Please Initial)

I hereby grant permission for my child(ren), _____ to participate in swimming, aquatic programs and all other aquatic activities presented by Newport News Department of Parks and Recreation to be held at the Midtown Aquatics Center, Magruder Pool, Doris Miller Pool, and the Huntington Park Beachfront. By signing and submitting the Risk and Release Form, the participant (and parent or guardian) whose signatures appear hereby assume full responsibility and understand all the risks associated with aquatic activities. Also, the participant (or parent or guardian) is responsible for any and all damages, losses, or injuries that he/she may incur, while attending or participating at these aquatic facilities, and hereby expressly waive all claims or causes against the City of Newport News, including their members, employees, agents, and sponsors and hereby waive all liability and responsibility for any injury that might occur to the participant.

My child(ren) does/does not have any illness or disorders that would prevent him/her from participating in aquatic programs or activities at these facilities. If he/she does, please explain:

AGREEMENT FOR EMERGENCY TREATMENT: In case of emergency, illness, or accident, if the staff cannot reach the parent, guardian or emergency contact, the staff has my authorization to administer first aid. The hospital emergency room staff has my permission to provide treatment which a physician deems necessary for the well being of the child.

I have read and understand the above statements.

Signature of Participant or Parent/Guardian _____

Date _____

Print Name of Parent/Guardian _____

Aquatic Staff _____
Title _____



COAST GUARD BLUE DOLPHINS SWIM TEAM

2009-2010 FINANCIAL AGREEMENT AND PROCEDURES

The Coast Guard Blue Dolphins Swim Team is a self-sustaining, 501-c3 non-profit organization. The CGBD Board of Directors is responsible for the financial soundness of the Team. It is only through prudent management of our resources, and a clear understanding of the following financial obligations and procedures by each family, that the team will continue to provide a quality program for current and future swimmers.

REGISTRATION FEE:

- Swimmers becoming new members must pay a non refundable initial payment of \$250 each with their completed 2009-2010 membership package, which will be applied as follows: an administration fee (\$65), Meet Entry Escrow (\$50) and USA Swimming/Virginia Swimming (\$59) registration and the remainder toward the first month's dues.
- Returning swimmers must pay an administration fee (\$65), Meet Entry Escrow (\$50), USA Swimming/Virginia Swimming (\$59) registration, and the first month's dues. This amount must be included with your completed 2009-2010 membership package.
- New swimmers and returning swimmers must register with the team online via the team website, <http://cgbdswimming.org>, make their initial payment online or send a check to the CGBD Team Administrator along with the required form
- **New swimmers and returning swimmers must print, and sign a completed membership package to the CGBD Team Administrator; you can send the completed package via facsimile to (757) 369-9016 or you may scan and e-mail to cgbdteamadmin@cox.net.**

MONTHLY INVOICES: Each month, an invoice is viewable thru a link on the team's web site. That invoice breaks down fees into the following categories: **Monthly Dues, Meet Entry, Travel, and Special Fees:**

- Dues are invoiced monthly according to the payment plan you select. Add- on charges i.e., travel, caps, equipment, and meet fees, etc are billed each month. Invoices may be viewed on or about the 20th of each month. Payment is **ALWAYS** due on the 10TH of the following month (unless otherwise noted on the invoice). See Appendix 1 (Dues structure).
- **If payment is not received by the 20th of the month it is considered late. A \$50.00 late fee will be applied to the next month's invoice.**
- If your are two months delinquent:
 - An e-mail notice from the accounts manager will be sent requesting a written plan within 10 days outlining the time frames and intent to resolve the balance owed.
 - Once a written plan is submitted and approved by the Board, then your swimmer(s) will be allowed to practice or compete as long as the family adheres to the plan and does not add to their delinquent balance.
- Beyond two months in arrears: You will be notified your account will be frozen and turned over to collections. All fees levied in order to collect the debt will become your responsibility to paid in addition to your outstanding balance.
- All requests and communications must be submitted in writing (e-mail is acceptable) to the team administrator in order to assure proper intent and follow through. Verbal notices will not be accepted.

POOL USAGE FEES: All CGBD swimmers are required to pay pool usage fees. These fees may be deferred by joining the Blue Dolphins Booster Club fundraising activities. This fee will be assessed to all swimmers based on when they join the team.

- Pool usage fees are invoiced three times per year (November 20th, February 20th, & April 20th) according to your swimmer(s) group and whether or not you are a single swimmer family or a multiple swimmer family.

PLEASE READ AND KEEP FOR YOUR RECORDS

- Your pool usage fee is based on your swimmer's practice group, or highest practice group in the case of multiple swimmer families

MEET ENTRY: Each family is responsible for maintaining a \$50.00 meet entry escrow account for each swimmer through July. Escrow monies are used to pre-register your swimmer and must be maintained monthly. There are no refunds for swimmers who enter and then do not attend a meet. Following a meet the fees are then posted to your account. Families should anticipate meet entry fees to range between \$30.00 and \$40.00 per meet per swimmer. This meet entry fee is made up of individual and relay entry fees as well as a Virginia Swimming and CGBD surcharges.

TRAVEL TEAM & FEES: Families with swimmers that are 14 years old and have completed eighth grade are travel team eligible. Swimmers wishing to be travel team eligible that do not meet the above criteria must apply to the travel coordinator for consideration by the coaching staff.

- A 75% Deposit of estimated travel costs (transportation, accommodations, group meals, snacks, fluids, and chaperone costs) are due in the team office no later than three days prior to departure. Balance will be billed to each account following the trip and is to be paid per invoice.
- Signed Travel Team Standard of Conduct must be on file at the beginning of each season.
- Signed Parental Permission to travel must be signed for each Trip.

SPECIAL FEES:

- **USA Swimming/VSI Dues:** All CGBD swimmers are required to join United States Swimming, Inc. (USA Swimming) and Virginia Swimming, Inc. (VSI) as an athlete member at a cost of \$59 per year. This fee will be assessed to all swimmers regardless of when they join the Team.
 - Swimmers who transfer from another team who are currently registered with USA Swimming/VSI will be charged a one dollar (\$1) transfer fee.
 - USA Swimming/VSI Dues are due at the time a swimmer joins the team and are due for returning swimmers at the time they start practicing for the new swim year.
- **Apparel/Caps/Equipment:** Swimmers are at times issued equipment for training, or team caps, or t-shirts at meets. These items will be billed under special fees and are to be paid for on the invoice following billing, not to exceed 30 days.

PARENTAL INVOLVEMENT:

- **Team Activities:** CGBD requires that every family contribute time to team activities to ensure well run competitions, properly supervised team travel, smoothly run social events, and assist with financial requirements of operating the team.
- **Work Requirements for CGBD Hosted Meets:** Each family will be responsible for working 4 sessions at a CGBD hosted meet. CGBD hosts at least 3 meets per year. Please plan on working at least 2 sessions during the SC season and 2 sessions during the LC season. The Meet Staff Coordinator will monitor our meet staffing needs. Families must not work more than 2 sessions per meet.
- **Swim-a-thon:** All families will be required to participate in the Swim-a-thon. Families will be required to raise \$100 per swimmer or \$150 for multiple swimmer families.

MEMBERS IN GOOD STANDING:

- Only members in good standing will be allowed to participate in team activities, attend practices, participate in swim meets, fill key team positions, hold a team board position, or be allowed to rejoin the team.
- Members not in good standing must pay a reinstatement fee of \$500 in addition to satisfying any outstanding obligations before they will be permitted to rejoin the team. Upon receipt \$400 will be credited to the member's account and \$100 retained by the team provided the member remain in good standing for the next 6 months or for the remainder of the current swim year whichever comes first.
- The following are situations and/or conditions that will affect your good standing with the team:
 - Members that fall in arrears without making the proper arrangements to reconcile their account will be considered not to be in good standing.

PLEASE READ AND KEEP FOR YOUR RECORDS

- Members not appropriately involved in team activities without making necessary arrangements will be considered not to be in good standing.
 - Our main team activity is hosting swim meets. Members must work a total of four sessions at our hosted swim meets for the year.
 - Also, we need chaperones for team travel, assistance with the annual awards banquet, Holiday Parties, lane timers at non-hosted swim meets, etc.

RESIGNATIONS: You must provide written **notification of resignation 30 days in advance.** We assume swimmers are continuing with our program all year and will bill your account accordingly unless we receive the proper notification. Resignations must be submitted to the Team Administrator via email or through the US Mail to discontinue billing.

- Partial Months are not prorated.
- The family will be responsible for all financial obligations until written notice is received. The team administrator will distribute the resignation information to the coaching staff, the accounts manager, the webmaster, and the board of directors.
- Graduating high school seniors are responsible for all dues and pool usage fees for the entire 2009-2010 swimming year if they are on the team as of January 1st. Graduating high school seniors may not join the HS Program after January 1st.

PLEASE READ AND KEEP FOR YOUR RECORDS

DUES: Dues are invoiced according to the fee schedule below with preference given to the plans with the fewest number of payments. Please indicate your desired payment plan on the financial agreement signature page.

Group	12 Payments (September-August) (2.5 % Convenience Fee added)	9 Payments (September-May)	3 Payments 2.5 % Discount (September, December, March)	Lump Sum Payment (Full Year) 5% Discount (Paid by October 1st)
Junior	\$66	\$85	\$250	\$730
Age Group	\$113	\$147	\$429	\$1,255
Prep	\$129	\$168	\$492	\$1,440
Senior	\$142	\$185	\$541	\$1,582
National Prep	\$153	\$199	\$582	\$1,704
National Team	\$153	\$199	\$582	\$1,704

***Swimmers joining after September will follow the 12 month payment plan.**

POOL USAGE FEES

Group	Status	Assessment Amount	Monthly Payment
Junior	Single	\$495	\$55
	Multiple Swimmer	\$743	\$83
Age Group	Single	\$564	\$63
	Multiple Swimmer	\$846	\$94
Prep	Single	\$639	\$71
	Multiple Swimmer	\$958	\$106
Senior	Single	\$718	\$80
	Multiple Swimmer	\$1,077	\$120
National Prep	Single	\$797	\$89
	Multiple Swimmer	\$1,195	\$133
National Team	Single	\$871	\$97
	Multiple Swimmer	\$1,307	\$145

Pool Usage fees will be billed quarterly (Nov 20th, Feb 20th, and Apr 20th).

PLEASE READ AND KEEP FOR YOUR RECORDS



COAST GUARD BLUE DOLPHINS SWIM TEAM

FINANCIAL OBLIGATIONS SIGNATURE FORM

Please initial the appropriate boxes below and sign this form indicating that you have read, understand, and agree to abide by the *Financial Agreement and Procedures* for the 2009-2010 swimming year (September 2009-August 2010).

1. _____ I have read, understand, and agree to abide by the *Financial Agreement of*
(Initials) the Coast Guard Blue Dolphins Swim Team. I elect to use the following
payment plan option: 12-months 9-months Quarterly Annual

2. _____ I have read, understand, and agree to participate in the Swim-a-thon
(Initials) sponsored by the Coast Guard Blue Dolphins Swim Team.

3. _____ I agree to provide written notification of resignation 30 days in advance via
(Initials) Email or US Postal Service to the team administrator

4. Travel Swimmers Only:

Please initial option #1 or #2:

Option #1: _____ My swimmer will participate as a Travel Team Swimmers and have included
(Initials) a signed "Travel Team Standards of Conduct" form with my completed
membership package.

Option #2: _____ My swimmer will not travel with the team.
(Initials)

Swimmer's Name

Parent's/Guardian's Signature

Date

CGBD Board President or designated team official

Date



COAST GUARD BLUE DOLPHINS SWIM TEAM

2009-2010 HIGH SCHOOL PROGRAM FINANCIAL AGREEMENT & PROCEDURES

The Coast Guard Blue Dolphins Swim Team is a self-sustaining, 501-c3 non-profit organization. The CGBD Board of Directors is responsible for the financial soundness of the Team. It is only through prudent management of our resources, and a clear understanding of the following financial obligations and procedures by each family, that the team will continue to provide a quality program for current and future swimmers.

REGISTRATION FEE: Swimmers becoming members of the HS program must pay a non refundable initial fee of \$234 which will be applied as follows: VSI (\$59) dues, CGBD administration fee (\$40), and the first month's dues (\$135). Swimmers wishing to participate in swim meets will have to establish a \$50 meet escrow first. All fees and the completed membership package must be sent to the CGBD Team Administrator.

MONTHLY INVOICES: Each month an invoice is viewable thru a link on the team's web site. The invoice breaks down fees into the following categories: **Dues, Meet Entry, and Special Fees:**

- Dues are invoiced monthly. Invoices are posted to families' account on or about the 1st of each month. Payment is **ALWAYS** due on the 15th of the month (unless otherwise noted on the invoice). The HS program monthly practice cycle is from the 15th of the month to the 15th of the month, i.e., September 15th to October 15th, October 15th to November 15th, etc.
- **If payment is not received by the 15th of the month it is considered late. A \$50.00 late fee will be applied to the next month's invoice.**
- If your are two months delinquent:
 - An e-mail notice from the accounts manager will be sent requesting a written plan within 10 days outlining the time frames and intent to resolve the balance owed.
 - Once a written plan is submitted and approved by the Board, then your swimmer(s) will be allowed to practice or compete as long as the family adheres to the plan and does not add to their delinquent balance.
- Beyond two months in arrears: You will be notified your account will be frozen and turned over to collections. All fees levied in order to collect the debt will become your responsibility to paid in addition to your outstanding balance.
- All requests and communications must be submitted in writing (e-mail is acceptable) to the team administrator in order to assure proper intent and follow through. Verbal notices will not be accepted.

MEET ENTRY: Swimmers electing to participate in meets are responsible for maintaining a \$50.00 meet entry escrow account. Escrow monies are used to pre-register your swimmer and must be maintained monthly. There are no refunds for swimmers who enter and then do not attend a meet. Following a meet the fees are then posted to your account. Families should anticipate meet entry fees to range between \$20.00 and \$35.00 per meet per swimmer. The meet entry fees are made up of individual and relay entry fees as well as a VSI and CGBD surcharge.

SPECIAL FEES:

- **USA Swimming/VSI Dues:** All CGBD swimmers are required to join United States Swimming, Inc. (USA Swimming) and Virginia Swimming, Inc. (VSI) as an athlete member at a cost of \$59 per year. This fee will be assessed to all swimmers regardless of when they join the Team. Swimmers who transfer from another team who are currently registered with USA Swimming/VSI will be charged a one dollar (\$1) transfer fee.
- **Apparel/Caps/Equipment:** Swimmers are at times issued equipment for training, or team caps, or t-shirts at meets. These items will be billed under special fees and are to be paid for on the invoice following billing, not to exceed 30 days.

PARENTAL INVOLVEMENT: There are no volunteer time requirements to support team activities or the High School swimming program. Consequently swimmers in the HS program will not be eligible for team travel or any recognition at the annual awards banquet.

RESIGNATIONS: Although your commitment for the High School program is month to month, you must provide written notification of resignation 30 days in advance. We assume swimmers are continuing with our program. We will bill your account accordingly unless we receive proper notification. Resignations must be submitted to the Team Administrator via email or through the US Mail to discontinue billing.

- Partial Months are not prorated.
- The family will be responsible for all financial obligations until written notice is received. The team administrator will distribute the resignation information to the Coaching staff, the Bookkeeper, the Webmaster, and the board of directors.
- Swimmers that intend to swim only for one month must notify the Team Administrator upon sending in your membership package with your initial payment.

DELIQUENT ACCOUNTS: All funds owed to CGBD Swim Team from the previous swimming year must be paid in full before the swimmer is allowed to participate in the new swimming year.



COAST GUARD BLUE DOLPHINS SWIM TEAM

Financial Obligations Signature Form

Please check the appropriate boxes below and sign this form indicating that you have read and understand the *Financial Agreement and Procedures* for the 2009-2010 High School Program.

-
1. I have read, understand, and agree to abide by the *Financial Agreement of*
(Initials) **the Coast Guard Blue Dolphins Swim Team.**

 2. I have a High School Program Swimmer and I understand that I do not have
(Initials) **any parent involvement requirements or fundraising requirements.**

 3. I agree to provide written notification of resignation 30 days in advance via
(Initials) **Email or US Postal Service to the team administrator.**
-

Swimmer's Name

Parent's/Guardian's Signature

Date

CGBD Board President or designated official

Date

PLEASE COMPLETE AND RETURN TO THE TEAM ADMINISTRATOR