



COAST GUARD BLUE DOLPHINS SWIM TEAM

2010-2011 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 2010-2011 membership package, which will be applied as follows: administration fee (\$75), Meet Entry Escrow (\$50), USA Swimming/Virginia Swimming (\$62) registration and the remainder toward the first month's dues.
- Returning swimmers must pay an administration fee (\$75), Meet Entry Escrow (\$50), USA Swimming/Virginia Swimming (\$62) registration, and the first month's dues. This amount must be included with your completed 2010-2011 membership package.
- New swimmers and returning swimmers must register with the team online via the team website, <http://www.cgbdswimming.org>, make their initial payment online or send a check to the CGBD Team Administrator along with the required forms
- **New swimmers and returning swimmers must print, and sign a completed membership package and send 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 will be emailed to your primary email address 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. 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.

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- 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 100% 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. Remaining balance, if necessary, 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 \$62 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 must notify the team of any previous membership to other USA Swimming teams and when they last represented their former team in the sanctioned and/or approved USA Swimming competition.
 - USA Swimming/VSI dues are due at the time a swimmer joins the team or in the case of a returning swimmers when they rejoin the team 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 \$200 per family.

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.

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- 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. Verbal notification does not constitute a proper resignation.
- 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 2010-2011 swimming year if they are on the team as of January 1, 2011. Graduating high school seniors may not join the HS Program after December 31, 2010.

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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	\$67	\$88	\$257	\$752
Age Group	\$116	\$151	\$441	\$1,292
Prep	\$133	\$173	\$506	\$1,482
Senior	\$146	\$190	\$557	\$1,629
National Prep	\$157	\$205	\$600	\$1,755
National Team	\$157	\$205	\$600	\$1,755

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

POOL USAGE FEES			
Group	Status	Assessment Amount	Monthly Payment
Junior	Single	\$510	\$57
	Multiple Swimmer	\$765	\$85
Age Group	Single	\$581	\$65
	Multiple Swimmer	\$872	\$97
Prep	Single	\$658	\$73
	Multiple Swimmer	\$987	\$110
Senior	Single	\$740	\$82
	Multiple Swimmer	\$1,109	\$123
National Prep	Single	\$821	\$91
	Multiple Swimmer	\$1,232	\$137
National Team	Single	\$898	\$100
	Multiple Swimmer	\$1,346	\$150

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 2010-2011 swimming year (September 2010-August 2011).

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

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

CITY OF NEWPORT NEWS DEPARTMENT OF PARKS AND RECREATION
BRITTINGHAM-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)

Swim Team Name COAST GUARD BLUE DOLPHINS SWIM TEAM

Swimmer 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, _____ 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 Brittingham-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 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 Signature _____ Date _____

Review/Update Annually:		
_____ Date _____	_____ Initial _____	_____ Staff _____
_____ Date _____	_____ Initial _____	_____ Staff _____
_____ Date _____	_____ Initial _____	_____ Staff _____
_____ Date _____	_____ Initial _____	_____ Staff _____



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

CODE OF CONDUCT

The Coast Guard Blue Dolphins (CGBD) Swim Team (athletes, coaches, and parents) are proud representatives of the United States Coast Guard Reserve Training Center - Yorktown, Virginia. Proper behavior has a positive influence on individual and team performance and projects a positive image for all to recognize and respect.

As a swimmer/athlete member of CGBD, I, agree to abide by the standards of conduct outlined below during the time I am participating with CGBD throughout the 2010-2011 swimming year:

1. Team members will display proper respect and sportsmanship toward fellow team members, fellow competitors, coaches, officials, parents, facility staff, and the public at all times, including during team practice sessions.
2. Team members will not engage in any inappropriate physical contact. Swimmers will not interact with another swimmer in a manner, which they would not be willing to use with any teammate of either gender.
3. Team members will not use obscene, profane, or abusive language in the presence of any swimmer, parent, or coach during or traveling to/from practices, meets, or team activities.
4. Team members will respect the host personnel at our practice facilities and abide by all rules concerning use of those facilities.
5. Team members are prohibited from possession and use of illegal substances and/or use of tobacco and alcohol. Likewise, swimmers will not abuse prescription or non-prescription drugs.
6. Team members will refrain from all illegal or inappropriate behaviors that would detract from a positive image of the team or be detrimental to its performance objectives which would include but is not limited to deck changing and possession of pornography.
7. At swim meets, all swimmers will adhere to team travel standards of conduct.
8. All swimmers will follow the directions of the coaching staff and/or chaperones when under team supervision.
9. All swimmers will follow the USA Swimming and Virginia Swimming recruitment policies.
10. Failure to comply with this Code of Conduct may result in, but not necessarily be limited to, any of the following actions:
 - a. Swimmer restricted from participating in some or all team activities.
 - b. Swimmer sent home at the swimmer's expense.
 - c. Swimmer suspended from the team.

Upon notification of any violation of the Code of Conduct, the coaches and/or the CGBD Board shall investigate the circumstances of the violation (as necessary) and notify the swimmer and his or her parent(s). The swimmer shall promptly be given the disciplinary action decided upon for the violation.

Swimmer's Name: _____	Swimmer's Signature: _____	Date: _____
Parent's Name: _____	Parent's Signature: _____	Date: _____

PLEASE COMPLETE AND RETURN TO THE TEAM ADMINISTRATOR