

Family Last Name \_\_\_\_\_

## Virginia Gators of Charlottesville Team Registration: 2011-2012

### Family Information

Family Last Name \_\_\_\_\_ Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Street Address \_\_\_\_\_

City / County \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone(s) \_\_\_\_\_

Family e-mail \_\_\_\_\_

Please list an e-mail address that will be checked on a regular basis.

\* Family contact information will be included in the team directory unless you request otherwise. \*

Virginia Gators Cost Worksheet (Gator representative will complete)										
						Fees				
	Name (Last Name, First Name, Mid Initial)	Birth date	Gender (m/f)	Shirt Size (YL,S,M,L)	Practice Group	# of Months	Program Cost	Monthly Fee	Lump Sum and/or Military Discount	Due Today (2 month escrow + 1 <sup>st</sup> month)
<b>Swimmer #1</b>										
<b>Swimmer #2</b> 15% Discount										
<b>Swimmer #3</b> 20% Discount										
<b>Swimmer #4</b> 30% Discount										
							<b>One-Time Registration Fee</b>	<b># of Swimmers</b> _____	<b>X \$100</b>	
							Payment Received _____ Date _____ Method _____		<b>TOTAL DUE TODAY</b>	

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Program	Program length	2011-2012 Program Cost	Military Discount (5% for Active Members and their Families)	Lump Sum Cost (10% discount for 9 and 12 month programs)	Monthly Cost
Bronze	3 month	450	427.5		
	6 month	870	826.5		145
	9 month	1215	1154.25	1093.5	135
Silver	3 month	555	527.25		
	6 month	1050	997.5		175
	9 month	1485	1410.75	1336.5	165
Silver Plus	3 month	585	555.75		
	6 month	1110	1054.5		185
	9 month	1575	1496.25	1417.5	175
	12 month	1980	1881	1782	165
Gold	3 month	585	555.75		
	6 month	1110	1054.5		185
	9 month	1575	1496.25	1417.5	175
	12 month	1980	1881	1782	165
Senior 1	12 month	2100	1995	1890	175
Senior 2	12 month	2220	2109	1998	185

There is a 2 month escrow payment required at registration. This escrow will be applied to the last two months of your swimmers program. The second swimmer will receive a 15% discount, the third a 20% discount, and the fourth a 30% discount. The payment schedule above does not include the non-refundable \$100.00 registration fee. Meet entry fees, lodging, transportation and other meet costs are not included in program fees and are billed separately. We will not have a fundraising commitment this year, instead we have adjusted the fees to include all required program costs. We will still have several opportunities to help support the Gators through fundraising opportunities (i.e. swim-a-thon, and Kroger Cards). This move was made to help the many families who were looking to better budget throughout the year. Also revised this year, the Kroger Cares program will apply to any program fees, and/or meet fees, and/or fundraising.

High School Prep (2 hours)	10 weeks	425
Summer Prep (1.5 hours)	6 weeks	125

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**Meet Fees and Other Costs**

I understand that participation in meets is encouraged but is NOT required. If I choose to allow my child to participate in meets, there are additional fees that are not included in the total amount due. Each swimmer at a meet is charged an entry fee based on the number of events actually swum, as well as a meet surcharge fee for participation. I understand that these costs will be passed on to me in my bill and I agree to pay them. I understand that I will also be responsible for individual travel costs, a share of team travel costs (if my swimmer(s) participate in team travel), coaching fees, and a share of coach travel expenses.

Initials: \_\_\_\_\_

**Changing Programs**

I understand that the Virginia Gators coaching staff may choose to move my child to a different level program (Bronze, Silver, Silver Plus, Gold, or Senior) based on his/her swimming ability. My child will receive two trial weeks in the new level program without any change to my fees. If I choose to allow my child to continue at the new level, I will be required to complete a modification to this agreement, adjusting the fees for the new level program.

Initials: \_\_\_\_\_

**Delinquent Accounts**

If I owe any amount to the team, I will receive a monthly billing statement detailing the amount owed. Payment is due in full no later than the first (1<sup>st</sup>) day of the month following receipt of the bill. Fees not paid by the fifth (5<sup>th</sup>) day of the month will be subject to a \$17.00 late fee. Any swimmer whose fees are more than two months in arrears will not be allowed to participate in the program until accounts are made current.

Initials: \_\_\_\_\_

**Virginia Gators' Code of Conduct**

I agree that my swimmer(s) and his/her/their parents/guardians will adhere to the Virginia Gators' Code of Conduct, which compels swimmers, parents, and guardians to conduct themselves in a courteous and respectful manner; to recognize that the reputation of the team is affected by and dependent upon their conduct and behavior; and that they will conform to all rules, regulations, and procedures set forth by Gator coaches and personnel. I further acknowledge that there are certain no tolerance policies with regard to personal conduct that can result in immediate expulsion from the team, which include the possession or use of alcohol, illegal drugs, or tobacco products on the premises of the Gator Dome, during any Gator practice or meet at any venue, and during any sort of team activities, including team travel; possession of weapons; use of profanity; stealing of personal property; fighting or physical assault; showing disrespect to other members of the Virginia Gators and/or other members of the swimming community.

Initials: \_\_\_\_\_

**Hold Harmless and Medical Release**

I recognize that swimming is an inherently dangerous sport and I agree to hold harmless the Virginia Gator program, its coaches, and its board of directors in the event of personal injury to my children or members of my family while engaged in activities associated with the swim program. I certify to the best of my knowledge and belief, the swimmer(s) I am registering is/are in good health and has/have no physical condition that would preclude or limit his/her/their participation in the Virginia Gators of Charlottesville swim program. In case of injury, I hereby give the Virginia Gators and its coaches permission to act on my behalf, until such time as I can be contacted, in seeking medical treatment from any licensed health care provider, hospital, or clinic for my child(ren) in the event that such treatment is deemed necessary. I give permission to those administering medical treatment to do so using all methods deemed necessary by the currently accepted standards of treatment in the medical profession. I will assume responsibility for any and all charges for such medical treatment and, furthermore, I release the Virginia Gators of Charlottesville, its personnel, and its volunteers and any other participants in the Virginia Gators of Charlottesville from any liability associated with my child(ren)'s accident, injury, or illness during an activity directly associated with the Virginia Gators of Charlottesville swim program.

Initials: \_\_\_\_\_

**Agreement**

I have read and understand the terms and obligations in this contract and agree to them. I agree that this written contract constitutes the full and complete agreement between me and the Virginia Gators of Charlottesville and that I will comply fully with the terms contained herein. I understand that I am liable for the full amount of this agreement, unless I notify the Virginia Gators of Charlottesville in writing, prior to midnight on October 31, 2011, that my child (children) will not continue swimming. Fees incurred prior to the date my written notice is received will be due and payable in full. This agreement is governed by the laws of the Commonwealth of Virginia.

Name (Print) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_