



## 2009-2010 Returning Member Registration Packet

Attached is the registration information for RETURNING members for the next swim year. Please take a minute to also update your information online (address, medical information, etc). This will make sure that we are getting the right information for your swimmer.

The groups for the swim year will remain the same as in year's past. Please see the group descriptions on the website for more information

Please note that we have changed the billing cycles from being billed 11 times per year to 10 times per year. The fees have gone up minimally in terms of the total yearly cost (see chart). By changing to a 10 month billing cycle, will help the cash flow distribution of our team.

An Additional change to the fees is the registration fee. The registration fee is now a per swimmer fee and includes a team suit and T-shirt. The reason for this change is so that all swimmers have a Speedo suit to wear and can support the team through team gear. The fee per swimmer goes down with every member of the family. The suit and T-shirt offer is available for all those that register by October 15<sup>th</sup>. After that date, we cannot guarantee a suit will be available.

Additionally, with the billing system on the website, once you have notified us through email or the return of this form, that you will be returning to the team, your bill for your first months dues (September), your team registration, and USA swimming registration will be billed to you on August 21<sup>st</sup>. For those of you that have registered a credit card, the payment will be processed on September 1<sup>st</sup>. If you choose to pay for the year upfront to get the credit, you need to either register your credit card online by August 30<sup>th</sup> or send a check for the total amount by September 10th. Please pay special attention to the administrative policy page of this document to see the billing due date changes, etc. (It would also help us greatly if you are NOT returning to the team to please notify us so that we can inactivate your membership)

Our first day of practice will be Tuesday, September 8, 2009 at both Celebration Park and the King County Aquatic Center. The exact practice times will be available in late August but will likely model last fall's practice times. Celebration Park will continue to offer the Blue and Bronze groups. KCAC will offer the bronze, silver, Gold II, and Gold groups. Puyallup will once again start up in November offering the Blue, Bronze, and silver groups. Puyallup swimmers should plan to attend practice at KCAC or Celebration Park during the closure of the pool. It is important for swimmers to begin at the beginning of the swim season.

Should you have questions, please let us know. We are excited to have you as part of our program and want to make this a great experience for all involved.

Thanks for being part of our team,

Suzanne and Ted Rychlik  
253-241-4827



Returning Member Registration Form:

Please update any phone number, email, or addresses changes directly on your member page on the website.

Swimmer Name:	_____	suit size:	_____		
Group:	Blue	Bronze	Silver	Gold II	Gold
Swimmer Name:	_____	suit size:	_____		
Group:	Blue	Bronze	Silver	Gold II	Gold

Payment Option:

A) One time payment

B) Month to Month

2009-2010 VAST administrative policies

- 1) Invoices will be available by the 21<sup>st</sup> of the month. Invoices will reflect the next month's dues.
- 2) Payments must be received by the 15<sup>th</sup> of the month
- 3) Late fees of \$15 per invoice will be added to any unpaid balances by the 15<sup>th</sup> of the month. (even if the balance is less than \$15.00)
- 4) To withdraw your membership, families must notify the bookkeeper in writing by the 15<sup>th</sup> of the month prior to the month swimmer will not be practicing with the team or they will owe for the next month. (For example, swimmer will not be swimming beginning in March, family must notify the bookkeeper in writing by February 15<sup>th</sup>) [vastbillings@comcast.net](mailto:vastbillings@comcast.net) or through the PO Box 339 Puyallup, WA 98371
- 5) Any unpaid balances more than 60 day old from the date of invoice may be turned over to collections.

I understand that I am responsible for following the administrative policies posted above.

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Parent Signature: \_\_\_\_\_

Printed name: \_\_\_\_\_

e-Mail address: \_\_\_\_\_



## 2009-2010 VAST Swim Fees

**USA swimming registration:** \$61.00 per year per swimmer

**Registration fee:** \$150 first swimmer per family, \$75 for each additional swimmer

**Family Max:** families pay 100% for their first two swimmers dues, 50% of swimmer #3, swimmer #4 and above swim for free with a family max of \$450 per month in dues.

**Option A:** One time payment which includes monthly dues and fundraising. Families that choose this option will receive a \$150 credit on their account to use towards swim meets.

Gold: \$2500

Gold II: \$2000

Silver: \$1450

Bronze: \$1150

**Option B:** Pay dues on a monthly basis (September to June). Any swimmer that has paid for at least 7 months of dues may swim for free in July. Families must pay on a monthly basis and must notify the bookkeeper by the 15<sup>th</sup> of the month before if they are not returning or taking time off.

Group	Monthly fee
Gold	\$250
Gold II	\$200
Silver I	\$145
Bronze	\$115
Blue	\$75

**College Swimmers:** \$275 dues per year, plus usa swimming registration. This allows college swimmers to swim during their winter break, spring break, and when they return home during the summer.

Fee Comparisons for 11<sup>th</sup> month versus 12 month billing cycle

Group	2008-09 yearly/monthly (billed September to July)	2009-10 yearly/monthly (billed September to June)
Gold	\$2475/\$225	\$2500/ \$250
Gold II	\$2002/ \$182	\$2000/\$200
Silver	\$1430/\$130	\$1450/\$145
Bronze	\$1155/\$105	\$1150/\$115
Blue	\$737/\$67	\$750/\$75



*This medical release form must be signed by a parent or legal guardian for EACH swimmer of the Valley Aquatics. If the swimmer is 18 years of age or older, the swimmer must also sign this form.*

**Athlete (last, first, middle):** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_

I declare that I am the parent or legal guardian of the athlete listed above. I certify that, to the best of my knowledge and belief, he/she is in good physical health and has no condition which would impair participation in the program. In the event that he/she is injured or should require medical attention, I hereby give the Valley Aquatics and its coaching staff permission to act on my behalf in seeking medical treatment from any licensed physician, hospital or clinic if such treatment is deemed necessary. I give permission to those administering medical treatment to do so using methods deemed necessary. I absolve Valley Aquatics and its coaching staff from all liability while acting on my behalf in this regard. I acknowledge that I will be responsible for any medical or hospital fees/costs associated with related medical treatment.

\_\_\_\_\_  
Parent / Guardian signature and date

\_\_\_\_\_  
Participant signature and date (if over the age of 18 during swim year)

Fathers Name (first, last): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mothers Name (first, last): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

If parents are unavailable, other person(s) to notify in an emergency:

1. \_\_\_\_\_ Relationship \_\_\_\_\_ Phone: \_\_\_\_\_

2. \_\_\_\_\_ Relationship \_\_\_\_\_ Phone: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Special instructions or additional comments which may be needed in rendering medical treatment. Include important conditions, medical history, allergies, penicillin or drug reactions, etc.