



AGE GROUP PROGRAM (September 2010-August 2011) REGISTRATION INFORMATION

Welcome to the 2010-2011 season with the Parkway Swim Club. We are excited for the upcoming year and all that it holds for the team. You are responsible for understanding all of the policies discussed in this registration packet. If you have any question regarding the registration process please contact the swim club office at 314-415-7010 and speak with the office staff.

★ **IMPORTANT** ★

If you are not currently participating with the Parkway Swim Club registration will not be processed until you have an evaluation on file with the swim club office. Please plan on attending the scheduled evaluation times or contact the office to make arrangements.

REGISTRATION CHECKLIST:

1. Read all information included in your registration packet.
2. Complete all required forms:
 - a. Membership Application
 - b. Medical Information & Consent with Notary Stamp
 - c. Release & Waiver of Liability Claim
3. Attach all necessary checks & payments:
 - a. Registration: **PARKWAY SWIM CLUB**
 - b. USA Registration ,Escrow & Family Membership: **PKWY BOOSTERS**
4. Mail all forms and checks to:

The Parkway Swim Club
 12657 Fee Fee Road
 St. Louis MO 63146

REGISTRATION SCHEDULE: You do not need to wait until your registration period to mail in your paper work, but the paperwork will be **PROCESSED** according to the schedule. If the group fills you will have your paperwork and checks returned by September 10, 2010.

A SWIMMERS REGISTRATION WILL NOT BE PROCESSED UNTIL ALL PAST DUE BALANCES ARE PAID IN FULL

1st Registration Period (Now-August1, 2010)

- Anyone who was a Full Team member during the 2009-2010 season (anyone who has paid 9 full months)

2nd Registration Period (Aug. 2-Aug.8, 2010)

- Anyone who was a Team member between September 2009 & July 2010 (anyone that did **NOT** pay for 9 months)
- Siblings of 2009-2010 Team Members

3rd Registration Period (August 15- Group Filled)

- All prospective new Team Members
- Anyone who missed their scheduled registration period

ALL MEDICAL FORMS AND CHECKS need to be completed, notarized and returned with the registration packet in order to officially register the swimmer with the club. You will not be considered an active member until this has been completed.

	IN-DISTRICT		OUT-OF-DISTRICT	
	ANNUAL	MONTHLY	ANNUAL	MONTHLY
AGE GROUP	\$1,017	\$113	\$1,062	\$118
AGE GROUP 1	\$711	\$79	\$756	\$84
AGE GROUP 2	\$612	\$68	\$657	\$73
AGE GROUP 3	\$513	\$57	\$558	\$62

2010-2011 REGISTRATION INSTRUCTIONS & INFORMATION

ANNUAL FAMILY MEMBERSHIP FEE: The annual Family Booster Fee is **\$135.00**

ESCROW ACCOUNTS: Each family is required to establish an escrow account to pay for entry fees for individual events in USA Swimming sanctioned meets. A minimum initial deposit of **\$35.00 per swimmer is required**. You will be responsible for the meet entries fees for your swimmer which are maintained in your Booster account on the team website.

USA SWIMMING REGISTRATION FEE: This fee will establish the swimmer's amateur status as a competitive swimmer and provide insurance coverage during swim practice sessions and meets. The fee is **\$52.00 per swimmer for the swim year**. This is a non-refundable fee due at time of registration.

PLEASE MAKE A CHECK PAYABLE TO PKWY BOOSTERS FOR THE ABOVE MENTIONED COSTS.

PRACTICE CANCELLATION OR CHANGE OF LOCATION: Parkway Swim Club is a guest of the facilities that we utilize for swim practice. The School's Administration has control over who is allowed in the building dependent on the other school activities being held that day. Parkway is also not in charge of the operation of these facilities (chemicals, pumps, pool temperatures, etc.) Every effort will be made to relocate practices when possible. If a practice is cancelled or moved to another location due to pool related issues or the request of the Administration there ***WILL BE NO REFUND*** issued for that practice.

INCLEMENT WEATHER POLICY: All practices will be cancelled when the Parkway School District cancels school and/or activities due to weather. Refunds will not be issued for the cancellation of practices due to weather.

DELINQUENCY POLICY: Fees are expected to be paid by the 15th of the month. Fees past 90 days will be cause for removal of all swimmers in the family from practice and meets until the account is current.

LEAVING THE TEAM: Any swimmer leaving the team, for whatever reason must do so in ***WRITING*** thirty [30] days prior to the Administrative Secretary. **You may mail, fax or e-mail your written notification.** It is important to remember that your space on the team will be given away once you leave. If you choose to return later there may not be an available space.

PARKWAY SWIM CLUB HANDBOOK: All members are encouraged to read, understand, and reference the Parkway Swim Club Handbook. The handbook is available on the team website (www.pkwy.org) or if you would like to request a paper copy please contact the swim club office.

PARKWAY SWIM CLUB HOSTED MEETS: One parent from each family is **required** to work at one session per day that they have a swimmer participating in Parkway sponsored swim meets, or will be **subject to a \$100.00 fine per session missed**. *Keep in mind that you will be expected to work for the entire session regardless of when your swimmer is finished with their events.*

TEAM TRAVEL: Swimmers will be invited to participate in team travel opportunities if they are at least 10 years old, meet the qualifying standards in a minimum number of events, the coaching staff believes that participation in the meet would be a positive growth experience, and their account with Parkway Swim Club is in good standing. A swimmer must also complete and return the Team Travel Code of Conduct prior to the trip. You will be responsible for additional travel costs with out of town meets.

E-MAIL COMMUNICATION: The club will use e-mail as the method of communication from the club. If you do not wish to receive email notifications at certain e-mail address (such as work) please inform the Administrative Secretary of this or designate so on the Registration Form.

QUESTIONS: All questions regarding practice organization, implementation, and design should be addressed to the swimmer's coach either during scheduled office hours, prior to the start of practice, or at the conclusion of the coach's practice sessions.

<u>CONTACT INFORMATION</u>	Swim Club Office	314-415-7010
	Swim Club Website	www.pkwy.org
	Fax Number	314-415-7081

<u>SWIM CLUB OFFICE HOURS:</u>	BILLING QUESTIONS	Tuesday-Thursday 8:00a.m. - 2:00 p.m.
	DUES ACCOUNT ONLY	314-415-7010

PKWY BOOSTERS ONLINE ACCOUNT boosterbilling@pkwy.org

GENERAL QUESTIONS

MONDAY- FRIDAY

SEE COACH'S OFFICE HOURS

2010-2011 REGISTRATION
PARKWAY SWIM CLUB
AGE GROUP PROGRAM REGISTRATION FORM

Please PRINT and complete both sides of this form.

SWIMMER'S LAST NAME: _____

HOME ADDRESS: _____

CITY: _____ ST: _____ ZIP: _____ HOME PHONE [_____] _____

PRIMARY E-MAIL ADDRESS: _____

*****IMPORTANT TEAM NEWS, MONTHLY NEWSLETTERS, AND NOTIFICATION OF SCHEDULE CHANGES WILL BE SENT TO THIS E-MAIL ADDRESS. PLEASE USE AN ADDRESS THAT IS CHECKED ON A REGULAR BASIS****

MOTHER'S NAME:	FATHER'S NAME:
WORK PHONE: []	WORK PHONE: []
CELL PHONE: []	CELL PHONE: []
E-MAIL:	E-MAIL:

SWIMMERS' INFORMATION (USE ADDITIONAL FORMS IF NECESSARY):

1. _____
SWIMMER'S LAST NAME LEGAL FIRST NAME MIDDLE INITIAL PREFERRED NAME

DOB ____/____/____ AGE: _____ SEX: MALE or FEMALE

SCHOOL & DISTRICT YOU ATTEND: _____ GRADE: _____

GROUP REGISTERING FOR: _____

USA MEMBER? YES or NO**IF YOU ARE TRANSFERRING FROM ANOTHER USA SWIMMING CLUB YOU WILL NEED TO COMPLETE A TRANSFER APPLICATION**

TSHIRT SIZE- YOUTH MED LG or ADULT SM MED LG XLG (Please Circle Appropriate Size)

SHORT SIZE- YOUTH MED LG or ADULT SM MED LG XLG

2. _____
SWIMMER'S LAST NAME LEGAL FIRST NAME MIDDLE INITIAL PREFERRED NAME

DOB ____/____/____ AGE: _____ SEX: MALE or FEMALE

SCHOOL & DISTRICT YOU ATTEND: _____ GRADE: _____

GROUP REGISTERING FOR: _____

USA MEMBER? YES or NO**IF YOU ARE TRANSFERRING FROM ANOTHER USA SWIMMING CLUB YOU WILL NEED TO COMPLETE A TRANSFER APPLICATION**

TSHIRT SIZE- YOUTH MED LG or ADULT SM MED LG XLG (Please Circle Appropriate Size)

SHORT SIZE- YOUTH MED LG or ADULT SM MED LG XLG

OFFICE USE ONLY	CLUB CK#:	AMOUNT: \$	MEDICAL	CONSENT	R & W
	BOOSTER CK#:	AMOUNT: \$	[]	[]	[]
FINANCIAL FORM	FULL PAYMENT []	QUARTERLY []	MONTHLY []		

SWIMMERS' INFORMATION (USE ADDITIONAL FORMS IF NECESSARY):

3. _____
SWIMMER'S LAST NAME LEGAL FIRST NAME MIDDLE INITIAL PREFERRED NAME

DOB ____ / ____ / ____ AGE: _____ SEX: MALE or FEMALE

SCHOOL & DISTRICT YOU ATTEND: _____ GRADE: _____

GROUP REGISTERING FOR: _____

USA MEMBER? YES or NO **IF YOU ARE TRANSFERRING FROM ANOTHER USA SWIMMING CLUB YOU WILL NEED TO COMPLETE A TRANSFER APPLICATION**

TSHIRT SIZE- YOUTH MED LG or ADULT SM MED LG XLG (Please Circle Appropriate Size)

SHORT SIZE- YOUTH MED LG or ADULT SM MED LG XLG

4. _____
SWIMMER'S LAST NAME LEGAL FIRST NAME MIDDLE INITIAL PREFERRED NAME

DOB ____ / ____ / ____ AGE: _____ SEX: MALE or FEMALE

SCHOOL & DISTRICT YOU ATTEND: _____ GRADE: _____

GROUP REGISTERING FOR: _____

USA MEMBER? YES or NO **IF YOU ARE TRANSFERRING FROM ANOTHER USA SWIMMING CLUB YOU WILL NEED TO COMPLETE A TRANSFER APPLICATION**

TSHIRT SIZE- YOUTH MED LG or ADULT SM MED LG XLG (Please Circle Appropriate Size)

SHORT SIZE- YOUTH MED LG or ADULT SM MED LG XLG

PLEASE READ AND INITIAL:

- _____ I understand the fee structure and the policy regarding refunds and prorating.
- _____ I understand that 30 days written notice will be given to the Administrative Secretary when withdrawing from the team.
- _____ I understand my payments must be made within 90 days to avoid removal of the swimmer from the program.
- _____ I understand the policies regarding volunteering.

NO, I DO NOT WANT MY INFORMATION ONLINE IN THE CLUB MEMBERSHIP DIRECTORY

CHECKLIST FOR REGISTRATION

1. _____ Registration Form
2. _____ Medical/ Waiver Forms (3Forms) **NOTARIZE THE URGENT CONSENT TO MEDICAL TREATMENT FORM**
3. _____ Financial Form and Payment Method
4. _____ Initial Registration or Full Payment to the Parkway Swim Club (1 Check)
5. _____ Annual Family Membership Fee, USA Registration, and Escrow to PKWY Boosters (1 Check)

Mail To:

**THE PARKWAY SWIM CLUB
2010-2011 AGE GROUP PROGRAM REGISTRATION
12657 FEE FEE ROAD
ST. LOUIS MO 63146**

PARKWAY SWIM CLUB
AGE GROUP PROGRAM FINANCIAL FORM
(FILL OUT ONE FORM FOR EACH SWIMMER)

SWIMMER'S NAME: _____

AGE GROUP PROGRAM, CHECK ONE:

 **5% DISCOUNT FOR THE FULL- PAYMENT IS REFLECTED IN OPTION 2**

AGE GROUP	IN -DISTRICT	OUT OF DISTRICT
_____ AGE GROUP, PAYING MONTHLY OPTION 1	\$113.00	\$118.00
_____ AGE GROUP, FULL PAYMENT OPTION 2	\$966.15	\$1011.15

AGE GROUP 1

_____ AGE GROUP 1, PAYING MONTHLY OPTION 1	\$79.00	\$84.00
_____ AGE GROUP 2, FULL PAYMENT OPTION 2	\$675.45	\$720.45

AGE GROUP 2

_____ AGE GROUP 2, PAYING MONTHLY OPTION 1	\$68.00	\$73.00
_____ AGE GROUP 2, FULL PAYMENT OPTION 2	\$581.40	\$626.40

AGE GROUP 3

_____ AGE GROUP 3, PAYING MONTHLY OPTION 1	\$57.00	\$62.00
_____ AGE GROUP 3, FULL PAYMENT OPTION 2	\$487.35	\$532.35

OPTION 1 PAYMENT SCHEDULE:

NINE MONTH PROGRAM WITH PAYMENTS DUE AT THE 15TH OF EACH MONTH PRIOR TO PARTICIPATION

OPTION 2 FULL PAYMENT: 100% OF REGISTRATION MINUS 5% (DISCOUNTED AMOUNT REFLECTED ABOVE) 

PLEASE SELECT AN OPTION FOR PAYMENT:

_____ **OPTION 1: PLEASE BILL ME BASED ON THE PAYMENT SCHEDULE ABOVE.**

_____ **OPTION 2: I HAVE ENCLOSED MY TOTAL FINANCIAL COMMITMENT WITH MY REGISTRATION.**

SIGNATURE: _____ DATE _____