



**SENIOR 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.**

**1<sup>st</sup> Registration Period (Now-August1, 2010)**

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

**2<sup>nd</sup> 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

**3<sup>rd</sup> 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.

**PARTICIPANTS IN HIGH SCHOOL SWIMMING**

Practice Group	Practicing with High School Team	Non Resident Fee
NATIONAL GROUP	\$992	\$45
NATIONAL PREP GROUP	\$904	\$45
SENIOR 2 GROUP	\$712 *Monthly Option Available @ \$112.00	\$45
SENIOR 1 GROUP	\$560 *Monthly Option Available @ \$90.00	\$45

**NOT PARTICIPATING WITH HIGH SCHOOL SWIMMING**

NATIONAL GROUP	\$1,116	\$45
NATIONAL PREP GROUP	\$1,017	\$45
SENIOR 2 GROUP	\$801 *Monthly Option Available @ \$112.00	\$45
SENIOR 1 GROUP	\$630 *Monthly Option Available @ \$90.00	\$45

**MONTHLY BILLING OPTION AVAILABLE ONLY FOR SENIOR 1 & 2 PROGRAMS**

## 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 15<sup>th</sup> 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](http://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. Additional costs of travel will apply.

**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.

<b><u>CONTACT INFORMATION</u></b>	Swim Club Office	314-415-7010
	Swim Club Website	<a href="http://www.pkwy.org">www.pkwy.org</a>
	Fax Number	314-415-7081

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

**PKWY BOOSTERS ONLINE ACCOUNT** [boosterbilling@pkwy.org](mailto:boosterbilling@pkwy.org)

**GENERAL QUESTIONS**

**MONDAY- FRIDAY**

**SEE COACH'S OFFICE HOURS**

2010-2011 REGISTRATION  
**PARKWAY SWIM CLUB**  
**SENIOR 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:

<b>SWIMMERS' INFORMATION (USE ADDITIONAL FORMS IF NECESSARY):</b>			
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- <u>YOUTH</u> MED    LG    or <u>ADULT</u> SM    MED    LG    XLG    (Please Circle Appropriate Size)			
SHORT SIZE- <u>YOUTH</u> MED    LG    or <u>ADULT</u> 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**			
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SHORT SIZE- <u>YOUTH</u> MED    LG    or <u>ADULT</u> 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 ALL 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 (3) **URGENT CONSENT FORM NEEDS TO BE NOTARIZED**
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 SENIOR PROGRAM REGISTRATION  
12657 FEE FEE ROAD  
ST. LOUIS MO 63146

**PARKWAY SWIM CLUB**  
**SENIOR PROGRAM FINANCIAL FORM**  
 (FILL OUT ONE FORM FOR EACH SWIMMER)

SWIMMER'S NAME: \_\_\_\_\_

**SENIOR PROGRAM, CHECK ONE:**



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

NATIONAL GROUP		OPTION 1	OPTION 2
_____	National, Swimming with High School Program	\$248.00	\$ 942.40
_____	National, <b>NOT</b> Swimming with High School Program	\$279.00	\$1,060.20
NATIONAL PREP GROUP			
_____	National Prep, Swimming with High School Program	\$226.00	\$ 858.80
_____	National Prep, <b>NOT</b> Swimming with High School Program	\$200.25	\$ 966.15
SENIOR 2			
_____	Senior 2, Swimming with High School Program	\$178.00	\$ 676.40
_____	Senior 2, <b>NOT</b> swimming with High School Program	\$200.25	\$ 760.95
_____	Senior 2, Monthly Billing <b>\$112</b>		
SENIOR 1			
_____	Senior 1, Swimming with High School Program	\$140.00	\$ 532.00
_____	Senior 1, <b>NOT</b> swimming with High School Program	\$157.50	\$ 598.50
_____	Senior 1, Monthly Billing <b>\$90</b>		

**OPTION 1 PAYMENT SCHEDULE:**

<b>INITIAL REGISTRATION:</b>	<b>25 % OF TOTAL FINANCIAL COMMITMENT</b>	<b>DUE AT REGISTRATION</b>
<b>2<sup>ND</sup> PAYMENT</b>	<b>25% OF TOTAL FINANCIAL COMMITMENT</b>	<b>DUE NOVEMBER 15, 2010</b>
<b>3<sup>RD</sup> PAYMENT</b>	<b>25% OF TOTAL FINANCIAL COMMITMENT</b>	<b>DUE FEBRUARY 15, 2011</b>
<b>4<sup>TH</sup> PAYMENT</b>	<b>25% OF TOTAL FINANCIAL COMMITMENT</b>	<b>DUE APRIL 15, 2011</b>

**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 \_\_\_\_\_