

University Swim Club

A USA Swimming Organization

www.UniversitySwimClub.com

Charlie Lownes, Head Coach

Dear USC Swimming Family:

Welcome to the 2008 Long Course Season. For those of you new to the team welcome aboard and for those returning welcome back! We are looking forward to a very successful and fun-filled 2008 LC season and we want to thank you in advance for being an active part of our club. With everyone's participation we will see our swimmers get faster and have a lot of fun along the way.

We would like to take this opportunity to congratulate the coaches and swimmers on an outstanding 2007-08 Short Course Season. The success and personal victories were many and covered the spectrum, from the new swimmer attending their first meet to our more seasoned swimmers participating in Zones, Sectionals, and even National events. We all witnessed the undisputable display of drive and ambition from all of our swimmers across the board at Champs. We left no doubt, USC was in the house! And throughout, many swimmers achieved individual success hitting personal bests and making it to finals. Again, congratulations to all, your dedication and hard work is clearly evident. To all of our coaches, thank you for a job well done! We thank you for your time, effort, and devotion to working with our children and helping them in achieving their own personal success.

The lessons taught at USC go beyond stroke technique and form. Our coaches teach life lessons of dedication, hard work, commitment and goal setting to achieve success. Although many will dream of Olympic medals, in reality few will make it to such levels. All however, throughout their lives, will utilize the lessons learned from the sport of swimming and their days at USC in achieving their own individual success in life. It is an honor to be working with our coaches helping to shape the future of USC and taking part in their vision.

Looking forward, the momentum continues. The word is spreading and the buzz is building. As a result, our team is growing, ending Short Course with nearly 150 swimmers. Stronger than ever and stronger together!

Please complete the information requested on the commitment payment agreement form along with the registration form and return these with your payment to our Treasurer, Michael Braverman, by the first day of practice. These are required for your child to participate in practice.

Take the opportunity today, to be part of the USC nation at pre-season rates. Sign up early and not only will you reserve your place, but you will receive a discount off our standard fees. To qualify for the reduced rate you must turn in your forms along with payment by March 24th.

Thank you all for your support and participation. We look forward to the season ahead.

Sincerely,
Keith Vargo
President USC Parent Board

UNIVERSITY SWIM CLUB – COMMITMENT/PAYMENT AGREEMENT

Long Course 2008

SWIM FEES per Swimmer Category

Family Discounts Apply to USC Registered Swimmers Only

To qualify you must use this form and choose from the payment plans listed below for all swimmers.

FULL SEASON SWIMMER-\$500 (early registration \$475)
April- 1/2 August

HALF SEASON-\$275 (early registration \$250)
April, May, 1/2 June or June, July and 1/2 August

Early registrations must be received on or before March 24, 2008

We will not accept any agreements that are pro-rated. You must use one of the above sessions.

I, _____, am contracting the University Swim Club (USC) to Coach the following Swimmers:
 (Parent/Guardian Name)

Order of Swimmers should be based on "highest" to "lowest" fees

#	NAME	CATEGORY (Circle One)	FEES
1		Full Season Half Season	\$
2		Full Season Half Season	\$ (less 10%)
3		Full Season Half Season	\$ (less 20%)
4		Full Season Half Season	\$ NO FEE
		SUB-TOTAL – DUES (Line 1)	\$
	Meet Escrow Deposit (all swimmers must pay)	\$100 PER SWIMMER BALANCE REQUIRED	\$
	2007-2008 USA Swimming Registration Fee (good until Dec. 31, 2008)	\$46 PER SWIMMER	\$
	New USC Swimmer Fee (one time fee)	\$35 PER SWIMMER	\$
		SUB-TOTAL – FEES (Line 2)	
		TOTAL DUES and FEES (Fully Payable Now - Option 1)	
	Credit Card Processing Fee (MC & VISA Only)	(<i>only</i> applicable if paying by credit card)	\$ 20.00
		TOTAL DUES and FEES (Partial Payment Now - Option 2 – see below)	\$

PAYMENT: I understand that a commitment for full payment is due at registration. I understand that there may be additional billings for meet entry fees in excess of the escrow amount paid or miscellaneous items that I agree to pay promptly upon being billed. I agree to pay the TOTAL FEES listed:

_____ **Option 1: I will pay the TOTAL FEES now in full by: Check _____ Credit Card _____ (MC & Visa only)**

_____ **Option 2: I prefer to pay the Dues in installment payments on my Credit Card. (Option 2 only available until April 30.)**

- Payment Due Now = _____ This amount must be paid by check.
 - 20% of Total Dues (line 1) plus
 - 100% of Total Fees (line 2) plus
 - \$20 processing Fee
- The balance, 80% of the Total Dues (line 1) will be billed to my credit card in three equal payments on the bill dates of May 1, June 1, and July 1, 2008. (Payment amount will be the 80% balance divided by 3)

Card Type _____ (MC & VISA only) Exp Date ____/____/____ Credit Card # _____

Authorization Signature _____

Checks payable to **University Swim Club** and mail to: **Michael Braverman, 8230 Stoney Brook Dr. Chagrin Falls, OH 44023**

I have read and understand the following:

1. A USC coach can at any time remove my child from practice or from the team for disciplinary reasons.
2. A USC coach may remove my child from practice due to health reasons.
3. If my child is removed from practice or from the team, I will not be awarded any refunds.
4. I have read the Code of Conduct, Payment Policy, as well as the Terms and Conditions listed on page 2 of this document.

I hereby consent to this agreement and do so with the best of intentions, not only for the benefit of my child(ren) but also for every member of University Swim Club.

Parent signature (or swimmer 18 years or older) _____ Date _____

UNIVERSITY SWIM CLUB – COMMITMENT/PAYMENT AGREEMENT

Long Course 2008

TERMS AND CONDITIONS

1. Swim team dues are used exclusively for the payment of the club's operating expenses, including coach's salaries, payroll taxes, meet travel and pool rental.
2. Forms due by the first day of practice: Commitment/Payment Agreement, Club Registration Information and Medical forms
3. Fees due by the first day of practice: Dues, Swim team escrow fees, USA Registration fees, new swimmer fee (if applicable).
4. Forms and fees are to be mailed / delivered to the Club Treasurers: **Michael or Gwen Braverman – USC Treasurers, 8230 Stoney Brook Dr., Chagrin Falls, OH 44023**
5. Failure to remit swim team fees in a timely manner will result in swimmer(s) being prevented from attending practice sessions and swimmer(s) will not be entered in swim meets as a member of University Swim Club until such time as the outstanding fees are remitted in full. Without exception, no swimmer shall be allowed to enter the pool or participate in USA sanctioned swim meets without being USA registered.
6. Withdrawal from the University Swim Club program will be accepted by written notice only and is to be sent to: **Michael or Gwen Braverman – USC Treasurers, 8230 Stoney Brook Dr., Chagrin Falls, OH 44023**
7. The Executive Board will review special requests related to financial hardship or injury. Requests must be *in writing* and should be submitted to the Executive Board in care of the President.
8. Any exceptions to the conditions of the Commitment/Payment agreement are subject to the approval of the Head Coach and Executive Board of Directors and must be presented in writing.

Payment Policy

1. Invoices will be created on a monthly basis for fees incurred over the last month. Invoices will be sent near the beginning of every month, via email. Once the Escrow balance falls below \$25, an additional amount will be billed to get your balance back up to \$100.
2. Invoices are due by the 15th of that month.
3. Invoices not paid after 30 days will be considered past due. Collection processing will be as follows:
 - 31-60 days past due – 2nd invoice generated with reminder that late fees will be assessed on the 3rd invoice
 - 61-90 days past due – 3rd invoice generated with late fees assessed monthly at 10% of the balance or \$25, whichever is less. If dues or other USC out of pocket expenses (such as team travel, meet entry fees, etc. due by the swimmer) are not paid within this period, swimmers will not be allowed in the water. If escrow is not current within this period, swimmers will not be able to register for swim meets.
 - 91-120 days past due – 4th invoice generated along with a certified letter warning of impending collection processing.
 - 121+ days past due – turned over to Collection Agency.
4. If you are experiencing financial hardship, please call the Treasurer or President to discuss an alternative payment plan.

UNIVERSITY SWIM CLUB – REGISTRATION INFORMATION
Long Course 2008

FATHER or GUARDIAN

NAME			
ADDRESS			
CITY / ZIP			
OCCUPATION			
EMPLOYER			
PHONE #	Home:	Office:	Cell:
E-MAIL	@		

MOTHER or GUARDIAN

NAME			
ADDRESS			
CITY / ZIP			
OCCUPATION			
EMPLOYER			
PHONE #	Home:	Office:	Cell:
E-MAIL	@		

Permission to publish information in the Club Roster and Directory? Yes No

SWIMMER #1

FULL NAME	FIRST:	MI:	LAST:
"Preferred" Name	T-SHIRT SIZE: (For New Swimmers Only) Youth M L - Adult S M L		
BIRTH DATE	/	/	AGE:
GENDER	<input type="checkbox"/> Male <input type="checkbox"/> Female		
EDUCATION	GRADE:	SCHOOL:	
STATUS	<input type="checkbox"/> Returning USC Swimmer <input type="checkbox"/> Transfer from other USA Team <input type="checkbox"/> New USC Swimmer		
IF TRANSFERRING	Previous team: _____ USA # _____ Date/Name of last meet swam _____ Did you complete and mail a transfer form? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure		
MEDICAL	Physical impairments, allergies, medications to which a physician should be alerted:		

SWIMMER #2

FULL NAME	FIRST:	MI:	LAST:
"Preferred" Name	T-SHIRT SIZE: (For New Swimmers Only) Youth M L - Adult S M L		
BIRTH DATE	/	/	AGE:
GENDER	<input type="checkbox"/> Male <input type="checkbox"/> Female		
EDUCATION	GRADE:	SCHOOL:	
STATUS	<input type="checkbox"/> Returning USC Swimmer <input type="checkbox"/> Transfer from other USA Team <input type="checkbox"/> New USC Swimmer		
IF TRANSFERRING	Previous team: _____ USA # _____ Date/Name of last meet swam _____ Did you complete and mail a transfer form? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure		
MEDICAL	Physical impairments, allergies, medications to which a physician should be alerted:		

SWIMMER #3

FULL NAME	FIRST: _____ MI: _____ LAST: _____
"Preferred" Name	T-SHIRT SIZE: (For New Swimmers Only) Youth M L - Adult S M L
BIRTH DATE	_____/_____/_____ AGE: _____
GENDER	<input type="checkbox"/> Male <input type="checkbox"/> Female
EDUCATION	GRADE: _____ SCHOOL: _____
STATUS	<input type="checkbox"/> Returning USC Swimmer <input type="checkbox"/> Transfer from other USA Team <input type="checkbox"/> New USC Swimmer
IF TRANSFERRING	Previous team: _____ USA # _____ Date/Name of last meet swam _____ Did you complete and mail a transfer form? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
MEDICAL	Physical impairments, allergies, medications to which a physician should be alerted:

SWIMMER #4

FULL NAME	FIRST: _____ MI: _____ LAST: _____
"Preferred" Name	T-SHIRT SIZE: (For New Swimmers Only) Youth M L - Adult S M L
BIRTH DATE	_____/_____/_____ AGE: _____
GENDER	<input type="checkbox"/> Male <input type="checkbox"/> Female
EDUCATION	GRADE: _____ SCHOOL: _____
STATUS	<input type="checkbox"/> Returning USC Swimmer <input type="checkbox"/> Transfer from other USA Team <input type="checkbox"/> New USC Swimmer
IF TRANSFERRING	Previous team: _____ USA # _____ Date/Name of last meet swam _____ Did you complete and mail a transfer form? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
MEDICAL	Physical impairments, allergies, medications to which a physician should be alerted:

MEDICAL CARE PROVIDER INFORMATION

Physician	Phone #
Emergency Contact	Phone #
Hospital	
Dentist	Phone #
Insurance Carrier	
Policy ID#	

Medical Attention Permission

I hereby give consent to authorize emergency treatment by the medical care providers and local hospital listed above in the event my child should become ill or injured while at a swimming function.

Parent or Guardian Signature _____

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for:

1. The administration of any treatment deemed necessary by the above-mentioned medical care providers, or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist: and,
2. The transfer of my child to any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Parent or Guardian Signature _____

Volunteer Commitment

Our family understands that USC relies on volunteer efforts to accomplish its ongoing mission. And we all understand and will act under the guidelines of the USC Code of Conduct as posted on the UniversitySwimClub.com website. We also agree to volunteer whenever possible to assist the club.

Parent or Guardian Signature _____ Date _____

RELEASE FORM

Swimmer #1 _____, Swimmer #2 _____

Swimmer #3 _____, Swimmer #4 _____

I hereby waive all claims for injury or liability of any kind for the above listed swimmer(s), and, in the case of an accident or injury in any way resulting, directly or indirectly from participation in such programs, hold blameless from any liability the University Swim Club, its officers, coaches, and managers, or any other person or persons in any way connected or associated with this program.

Furthermore, in the case of emergency medical attention that may be necessary, I authorize the adult coaches to act on my behalf according to their best judgment and ability.

Parent or Guardian Signature _____ Date _____