

USA Swimming/West Chicago Sharks, Inc. Winter 2009-10 Season Agreement

Swimmer's Last Name:	First Name:	Middle Initial:	Birthdate:	Sex: M F
Family Last Name:	Mother's Name:	Father's First Name:	Home Phone:	Primary Cell Phone:
Street Address:	City:	State:	Zip:	Primary E-mail:
Swimmer T-Shirt Size: Childrens: S M L Adult: S M L XL XXL Extra T-Shirts for parents or siblings: S M L Adult: S M L XL XXL			District 94 Taxpayer: Yes No	

The purpose of this agreement is to clarify member and swim club responsibility. Should you terminate this agreement, written notification must be made to the Parents Board Treasurer. Members will be liable for all amounts due prior to receipt of the written notice. There are no refunds or pro-ration of fees within seasons. All amounts billed are due at the time stated on the invoice.

1. USA Swimming membership is a requirement of the West Chicago Sharks, Inc. and requires a fee of \$60 per swimmer. This fee is an annual fee; January 1-December 31.
2. There is an "escrow" prepayment for each swimmer (i.e. pre-paid meet fees, swim caps, etc.). See the payment chart below.
3. There are swim meets in which the Sharks will compete as a team. Unless otherwise announced, there will be no practice on the days of swim meets that the Sharks are attending, as the coaches will be at the meet.
4. Announcements are on the bulletin board, WCS Website (www.wcsharks.org), or via e-mail. It is the parents' responsibility to review these sources of announcements. Please come into the pool every couple of days.
5. As parent(s) or guardian(s) of a team member, you agree to terms of the "Work Requirement Policy" (available at registration or from a Parents Board Member). The West Chicago Sharks, Inc. is a parent run and funded organization. To supplement our fees we sponsor a number of fund raising activities throughout the season. All families are expected to participate or take the option of making a personal donation of \$500. Our primary source of fundraising are our hosted swim invitationals and we expect all parents to assist in operation of the meets. A periodic review of fundraising activities will be made with the Parents Board specifying an expected level of activity to date. Parents who do not participate will see an assessment on their monthly statement.
6. I agree to abide by the by-laws of the West Chicago Sharks, Inc. (copies available in parents' manual.)
7. I understand that no hospitalization, health or accident coverage is provided in connection with any West Chicago Sharks, Inc. activity.
8. I hereby acknowledge the risks inherent in swimming and/or related activities and therefore agree that no liability will be claimed or enforced against any person or group therewith connected by my family or me.
9. Other than coverage provided by the USA Swimming membership, I understand that no hospitalization, health or accident coverage is provided in connection with any West Chicago Sharks, Inc., activity.
10. Missed payment dates will result in a late charge of \$25 and possible suspension of your swimmer.

My signature below indicates that I have read this form and agree to be bound by the terms and conditions therein.

Signature of parent or legal guardian for

Please print name here

Date

Group	USA Fee	Dues	Escrow	Strength Training	Subtotal for Swimmer
Extra T-Shirts @ \$10					
Silver	\$60	\$175	\$60	\$0	
Gold	\$60	\$225	\$60	\$0	
8 & under	\$60	\$300	\$120	\$0	
9-10	\$60	\$300	\$120	\$0	
Junior	\$60	\$375	\$120	\$80	
Senior B	\$60	\$425	\$150	\$80	
Senior A	\$60	\$500	\$150	\$100	
High School Girl	\$60	\$255	\$120	\$50	
High School Boy	\$60	\$150	\$60	\$50	

Make Checks Payable to: West Chicago Sharks, Inc
Mail Check and Forms to: West Chicago Sharks
 c/o Coach Dan Johnson
 0 N 648 Lancaster Drive
 Winfield, IL 60190-1834



We will be accepting forms and payments at the summer awards banquet.

Add \$10 if not in District 94

\$ _____

Apply any credit/debit from Summer 08 Invoice here

\$(_____)

Total Fees for Swimmer

\$ _____

Due by : October 1, 2009