

# University City Swim Club Groups and Fees for 2009-2010

<u>Group</u>	<u>Age guideline</u>	<u>Weekly practice</u>	<u>Monthly fee</u>	<u>Season fee (9 months)</u>
Stroke Development 1 & 2	5 – 8	2 * 30 min	\$60	\$495
Super Swimmers	6 – 9	2 * 90 min	\$65	\$540
Age Group Development	9 – 13	2-3 * 90 min	\$75	\$620
Fulltime Youth	13 +	4-5 * 90 min	\$95	\$780
Masters (adult)	19 - 99	1-3 * 90 min	\$55	\$555 (11 months)

## Athlete Memberships:

For both insurance coverage and competition eligibility, we must bill all non-adult swimmers for membership in USA Swimming (annual \$51 per swimmer, or \$28 summer-only; please include with Club check, NOT a separate check to Ozark). **New non-adult members** need to complete a USA Swimming Athlete Membership form (not required for returning members).

Masters should join US Masters Swimming (apply directly to the branch organization, see <http://www.swimslam.org> ). Please join as a SLAM member.

## Payment:

Initial payment due at registration can be calculated on the accompanying page: USA-Swimming if applicable plus club fees for either first two months, or discounted annual payment. Further payments are billed every two months; **if you stop swimming, please immediately notify Club Treasurer.** Indoor Natatorium pool usage is included with UCSC membership, but University City charges separate admission for outdoor Heman Park pool usage. Monthly payment plans or reduced rates are available, if needed to make possible anyone's participation.

## Competition Requirements:

There are no competitive requirements for first year Stroke Development swimmers. All other groups are strongly encouraged to attend our 2 UCSC hosted meets (bold face below) as well as one additional meet. **We require at least one parent/guardian to help with lane timing, hospitality, or concessions for UCSC hosted meet.**

Youth swimmers sign up in advance for desired meets. UCSC submits a team entry and pays non-refundable fees for each swimmer who has signed up. Your next statement bills for the amounts paid on your behalf, usually \$20 to \$30 depending on the Meet and on number of events you enter. Our fee structure depends on everyone following through on their financial commitments, and on donations, the swim-a-thon, and successfully hosting meets. Thank you for your support!

## 2009-2010 Youth Meet Schedule

<u>Date</u>	<u>Meet name</u>	<u>Location</u>	<u>Host</u>
Oct 10-11	Fall Festival	St Peters Rec-Plex	Rec Plex Sharks
<b>Nov 14</b>	<b>Fall Frenzy Pentathlon</b>	<b>U City Natatorium</b>	<b>UCSC/Spirit</b>
Dec 6	Swim Your Own Age	Clayton Comm. Centr.	CSP
Jan 10-11	Parkway B-C	Parkway N High School	Parkway Swim Club
Feb 5-7	Great Times	Cape Girardeau, MO	Gator Swim Club
March 13-14	Heat Lightning	Lafayette HS	HEAT
<b>Apr 24-25</b>	<b>Small Club Champ.</b>	<b>U City Natatorium</b>	<b>UCSC/Spirit</b>

# University City Swim Club Membership Application

## Indoor Season, University City Natatorium: Sept, 2009 – May, 2010

Name (First, Middle-Initial, Last)	Gender	Birthdate	School	Swim Group
	M/F	(mm / dd / yyyy)	(non-Masters)	(see below)
_____	_____	____/____/____	_____	_____
_____	_____	____/____/____	_____	_____
_____	_____	____/____/____	_____	_____

**Father or Guardian** (or Masters: **“Self”**)

First and Last Name \_\_\_\_\_ E-mail \_\_\_\_\_  
 Home Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone: Home \_\_\_\_\_ Office \_\_\_\_\_ Cell/Pager \_\_\_\_\_

**Mother or Guardian** (Masters: **Emergency Contact; relationship = \_\_\_\_\_**)

First and Last Name \_\_\_\_\_ E-mail \_\_\_\_\_  
 Home Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone: Home \_\_\_\_\_ Office \_\_\_\_\_ Cell/Pager \_\_\_\_\_

**Initial Payment Calculation** (Initial payment is for two months or a lump sum discount. Enter the number of swimmers in left column, multiply by fees, and add totals)

<i>USA Swimming registration (youth only)</i>	___ x \$51 annual	\$ _____
Stroke Development	___ x 2 months for \$120 ( \$495 for Sept-May)	\$ _____
Super Swimmers	___ x 2 months for \$130 ( \$540 for Sept-May)	\$ _____
Age Group Development	___ x 2 months for \$150 ( \$620 for Sept-May)	\$ _____
Fulltime Youth	___ x 2 months for \$160 ( \$660 for Sept-May)	\$ _____
<b>Masters (adults)</b>	___ x 2 months for \$110 ( \$555 for Sept-May)	\$ _____
Additional voluntary donation	<b>(please consider any amount)</b>	\$ _____
	<b>TOTAL</b> (write check to UCSC)	\$ _____

Youth Swimmers will choose to compete in specific meets. Before each meet UCSC will pay nonrefundable registration fees on behalf of each swimmer, and bill individually. **For the November and April meets hosted by UCSC, at least one parent of each swimmer will sign up for lane timing, hospitality, or concessions staffing.** Masters are encouraged to volunteer.

I understand and agree to these service and financial obligations:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Parent/Guardian/Masters signature    Printed name of signer    Date

Mail to: Karen Palmer  
 7507 Washington Ave  
 Saint Louis, MO 63130

Phone: 314-726-1417  
 URL: [www.universitycityswimclub.com](http://www.universitycityswimclub.com)  
 Email: [info@universitycityswimclub.com](mailto:info@universitycityswimclub.com)

**UNIVERSITY CITY SWIM CLUB (UCSC)**  
**Medical Information and Authorization/Release**

Swimmer #1 Name/Birthdate \_\_\_\_\_

Swimmer #2 Name/Birthdate \_\_\_\_\_

Swimmer #3 Name/Birthdate \_\_\_\_\_

Home phone \_\_\_\_\_ Mobile phone \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Preferred Hospital \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_ Phone \_\_\_\_\_

Policy Number(s) \_\_\_\_\_

For practice-safety and emergency-treatment purposes, describe if any Swimmer above:

- 1. has physical disabilities \_\_\_\_\_
  - Chronic Illness \_\_\_\_\_
  - Convulsions or seizures \_\_\_\_\_
  - Other medical problems \_\_\_\_\_
  - Allergies \_\_\_\_\_
- 2. is under a doctor's care for any condition \_\_\_\_\_
- 3. regularly takes any medication \_\_\_\_\_

The undersigned hereby: consents to any emergency medical procedure determined necessary by licensed care providers; gives permission for each Swimmer named above to be taken to a hospital or medical center for emergency treatment; and assumes financial responsibility for all costs associated with transportation, examination and treatment.

UCSC personnel will attempt to notify a parent, spouse, or above emergency contact at the time of any accident or illness.

***I hereby release UCSC and all its officers and employees from any and all liability associated with performing duties hereunder.***

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature \_\_\_\_\_  
(Circle one: Self-Masters Parent Guardian)