



Registration and Payment

2019 – 2020 Season
September 19, 2019 – May 29, 2020

Member Non-Member

Swimmer 1 _____ Age _____ Grade _____

Swimmer 2 _____ Age _____ Grade _____

Swimmer 3 _____ Age _____ Grade _____

Parents 1 _____ 2 _____

Phone TEXT 1 _____ Phone TEXT 2 _____

Billing Address _____

CITY _____ ZIP _____

EMAIL 1 _____

EMAIL 2 _____

(email is required for Coach communication)

September (Paid at time of registration)

Island Athletic Club Member \$25

Non-Member \$30

10% Sibling Discount

Monthly Fee October - May (Auto Pay):

Island Athletic Club Member \$70

Non-Member \$85

10% Sibling Discount

Fee may be pro-rated 50% for the start month when joining mid-month. Paid at time of registration.

Total Fee \$ _____

IAC Staff _____

BILLING POLICY: *Please read carefully*

PRORATION: Island Athletic Club/South Whidbey Stingrays will prorate the start month only with commitment to the following month. Participants may join any month during the season but must begin on or about the 1st (100%) or 15th (50%) of the month.

QUITTING: You may quit Stingrays **at the end of any month** with 10 days advance notice. Requests must be communicated by email delivered to the Stingrays Head Coach (keager6@gmail.com) or Island Athletic Club (michele@islandathleticclub.com) no fewer than 10 days before the end of the month or your account will be charged regardless of attendance.

MEMBERS: Recurring monthly fees for Stingrays will be added to your monthly dues payments and charged to your account on file (or added to your periodic statement). Cancellations and refunds may not be made for vacations, scheduled team breaks, holidays, or necessary practice cancellations. We do not offer drop-in sessions. Quitting must be communicated by email delivered to the Stingrays Head Coach or Island Athletic Club. Monthly payments are calculated by calendar months and will not be prorated (other than the start month). There are no refunds or sick make-ups.

NON-MEMBERS: Non-Members must have a valid VISA or MASTERCARD on file for monthly payments. Recurring payments will be charged to your card on file on the 1st business day of each month. Cancellations and refunds may not be made for vacations, scheduled team breaks, holidays, or necessary practice cancellations. We do not offer drop-in sessions. Quitting must be communicated by email delivered to the Stingrays Head Coach or Island Athletic Club. Monthly payments are calculated by calendar months and will not be prorated (other than the start month). There are no refunds or sick make-ups. Non-Members must adhere to and sign the non-member swim policy attached in this packet.

SIBLING DISCOUNT: All families that have a paying sibling on the team will receive a 10% monthly discount per sibling. Siblings must be enrolled in the same month.

EMPLOYEE DISCOUNT: All Island Athletic Club employees will receive a 20% employee discount.

NON-MEMBER - PAYMENT AUTHORIZATION

VISA MASTERCARD

NAME ON CARD _____

CARD NUMBER _____

CARD EXPIRATION DATE _____

I authorize Island Athletic Club to charge my Visa/MasterCard for the Stingrays swim team monthly fee in the amount of \$ _____. Beginning _____ ending May 30, 2020.

ISLAND ATHLETIC CLUB MEMBER - PAYMENT AUTHORIZATION

I authorize Island Athletic Club to add the Stingrays swim team monthly fee of \$ _____ to my monthly dues payments and charge to my account on file (or add to my periodic statement for which I will be billed).

I have read and agree to the above billing policy and payment authorization.



Parent Signature _____ Date _____

PROCEDURE FOR DISCIPLINARY ACTION

We strive to create a positive environment for your swimmer and expect swimmers to come to practice ready to swim and participate in the planned activities. The Head Coach should always be notified about any problems or concerns with swimmers, coaches and/or parents. Below are the procedures for disciplinary action for swimmers.

1. The swimmer receives a verbal warning from the coach.
2. The swimmer will be asked to sit out of the pool on the deck.
3. The swimmer will be asked to sit out of the remainder of practice and the Head Coach will contact the parent. The swimmer will not be able to return to practice until the parent(s) and swimmer have met with the Head Coach to discuss a resolution.



Parent Signature _____ Date _____

Swim Team Policy and *Waiver of Liability*

1. Swimmers and parents agree to abide by the rules that apply to members of Island Athletic Club. A copy of Rules and Conditions of Membership is available upon request.
2. Parents/Guardians are financially responsible for any damage caused by their child(ren) at Island Athletic Club.
3. All swimmers must have a signed Swim Program Registration Form & Waiver of Liability on file.
4. Only swimmers who are currently enrolled in Stingrays swim team may enter the Club.
5. Only the child enrolled in Stingrays may use the pool during the practice session or swim meet. No other family members are allowed use of the Club, pool or hot tubs unless they pay for a Day Pass.
6. Non-members may only arrive 15 minutes before practice/swim meet begins and must leave 15 minutes after practice/swim meet is over.
7. If non-members wish to use the pool or Club facilities after practice or swim meet, they must pay for a Day Pass.
8. Failure to comply with this policy or instructions of the swim team coaches and/or staff of Island Athletic Club may result in swimmer being expelled from the swim team without refund for that month.

WAIVER OF LIABILITY:

I have voluntarily enrolled my child(ren) to participate in the South Whidbey Stingrays at Island Athletic Club. I acknowledge swim team activities involve inherent risks and dangers, including loss of or damage to personal property and serious personal injury or death. I am aware of and understand the scope, nature and extent of the risks involved in the activities and voluntarily assume and freely choose to incur any and all such risks of loss, damage, or injury, including death, and fully release the Club, owners, management and employees from any and all claims, suits, losses or related causes of action for damages or injury to my child, myself or our property which may arise in any way from such use or negligence. My child(ren) is/are in good health and I am not aware of any reason why my child(ren) should not participate in swim team activities at Island Athletic Club.

I have read and understand the Swim Team Policy and Waiver of Liability.



Parent Signature _____ Date _____