

# Registration Packet 2009-2010



Contact Info:

651 E. 24<sup>th</sup> Street #12, Yuma, AZ 85365

928-580-7404

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[www.yumaheat.org](http://www.yumaheat.org)

# Yuma Heat Swim Team Registration Checklist and Fee Worksheet

<b>Name</b>		<b>Registration Date</b>	
<b>Group</b>		<b>Sub-Group</b>	

- (initial) **Explanations**
- \_\_\_\_\_ Annual Membership
  - \_\_\_\_\_ Monthly Fees
  - \_\_\_\_\_ Family Fundraising Obligation
  - \_\_\_\_\_ Billing
  - \_\_\_\_\_ AEA Direct Withdrawal
  - \_\_\_\_\_ Meet Entry Fees & Travel
  - \_\_\_\_\_ Team Equipment

**Paper Work**

- [ ] Registration Form
- [ ] Medical Form
- [ ] AEA Direct Withdrawal Form(s)
- [ ] Application Addendum
- [ ] Birth Certificate

**Membership Fee**

[ ]	Annual	\$65	\$	
[ ]	Re-Activation	\$50	\$	
[ ]	New Member	\$100	\$	
[ ]	Outreach	\$5	\$	

**Monthly Fees** (1st & Last due at registration if NOT on Direct Withdrawal)

[ ]	Red	\$55	\$	
[ ]	Orange/Senior 1	\$65	\$	
[ ]	Senior	\$75	\$	
[ ]	Masters	\$30	\$	
[ ]	Family Cap	\$150	\$	

**Total Due Upon Registration** **\$**                     

We, the undersigned participant, parent(s), or guardian(s), do hereby for ourselves, heirs, executors, and administrators waive, release and forever discharge any and all rights and claims for damages we have against the City of Yuma Parks and Recreation Department, Yuma Aquatics, its coaches and representatives, for any damages which may be sustained or suffered by us arising out of our traveling to, participating in, or returning from any team sponsored activities.

We have read this information sheet detailing the financial obligations required of our swimmer(s) and ourselves, and we agree to abide by the rules and regulations of Yuma Aquatics,.

Signature of Parent/Guardian or Responsible Party	Date
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## Yuma Heat Swim Team Fees and Billing Information

The Heat year begins April 1 and concludes March 31. The year is broken into three seasons: Summer (April 1 – July 31), Fall (August 1 – November 30), and Winter (December 1 – March 31).

### MEMBERSHIP FEE

New Members	\$100
Annual	\$65
Outreach Program	\$5
Re-Activation	\$50

### MONTHLY FEE SCHEDULE

Red Groups	\$55
Orange Groups	\$65
Senior	\$75
Masters	\$30
Family Cap	\$150

- Practice grouping is determined by age and coach evaluation.
- Team breaks in March/April and August are built into the program. You will be billed normally for these months.

### ANNUAL FAMILY FUNDRAISING OBLIGATION (NET)

One Swimmer	\$400 (Summer \$300 / Winter \$100)
Two Swimmers	\$650 (Summer \$500 / Winter \$150)
Three or more	\$800 (Summer \$600 / Winter \$200)
First Month with Team	Exempt
Masters	Exempt

### BILLING

All accounts will be paid via the AEA Direct Withdrawal Program. Your family will receive an invoice via e-mail (or by USPS if no email address is provided) on, or about, the 20th of each month. The amount due will be automatically withdrawn from your account seven days after the invoice is sent. Contact the Treasurer immediately if you have a question regarding the invoice, as payment information will be posted with AEA five days after invoices are sent.

Exemption from the automatic payment plan may be requested, in writing, from the Board of Directors. Once approved by the Board, these accounts must remain one month ahead on their monthly fees and fees shall be due on the 25<sup>th</sup> of the month.

## **FAMILY CAP**

If your family has three or more athletes, you will be able to take advantage of our family cap. The most your family will pay in monthly fees for three or more swimmers is \$150.

## **INACTIVITY**

A swimmer must give 30 days written notice (forms will be available on the website's *Swimmer's Page*) before going **In-Active** or quitting the team. A swimmer shall be obligated for the full amount of the monthly dues and fundraising obligation absent 30 days written notice. During the period of inactivity, the swimmer will not have any financial obligation to the team (monthly fees or fundraising obligation). An inactive swimmer that returns to the team within the same year (April 1-March 31) will pay a **Re-Activation fee of \$50**. An in-active swimmer that returns after March 31 will need to pay the **New Member Fee of \$100..**

Accounts can remain active by paying a **Maintenance Fee of \$15**. **The Maintenance Fee will not be charged if at least one swimmer is active on the account.** Swimmers in the maintenance mode do not have any fundraising obligation, nor will they pay a Re-Activation fee when they return to Active status. They will, however, pay their Annual Membership fee of \$60 in April along with the active team members.

***Swimmers that are in-active or on maintenance status for part of a season are still responsible for 25% of the seasonal fundraising obligation for each month that they ARE active.***

High school swimmers that go in-active during the high school season (August-October) will not pay a re-activation fee, IF they re-activate, or begin monthly maintenance, in November.

## **SEASON'S END**

On the final month of each season (July, November, March) all accounts will be reconciled ... fundraising obligations, meet fees, etc. Any outstanding fees may be paid through the AEA Automatic Withdrawal Program or by check (made payable to Yuma Heat).

## **MEET ENTRY FEES & TRAVEL**

Swimmers must fill out a Meet Entry Form and return it with the appropriate entry fee and surcharges prior to the entry deadline in order to be entered into a competition. Entry Forms will be distributed to eligible swimmers and/or sent home via e-mail. All travel costs for swim meets and training trips are the responsibility of the swimmer.

## **PRACTICE EQUIPMENT & UNIFORMS**

A **suit** and **goggles** are enough to get started. Any suit will do for practice, but we suggest that you invest in quality goggles ... the cheaper brands will not work well and your swimmer will not wear them if they don't keep the water out ! **Swim caps** are optional at practice and at swim meets. **Fins** are used in practice to develop flexibility, power, and speed. **Drag suits** are worn by our older swimmers during practice. The Heat has a **team suit** and a **team swim cap**. We strongly urge swimmers to wear the team suit in competition. If a swim cap is worn in competition, it must be a team cap. **Team parkas** and **sweat suits** are ordered once each year (early fall).

These items are available from Troy Maryniak, the Heat's apparel coordinator. Troy is usually at the pool during practice hours and should be able to answer questions regarding size and fit.

**For a complete listing of items for sale and current pricing, see the *Equipment & Apparel* page of the Heat website ([www.yumaheat.org](http://www.yumaheat.org)).**



## Yuma Heat Swim Team Registration

PARENT/GUARDIAN INFORMATION - Swimmer Lives With  Mother  Father  Both

FATHER		MOTHER	
EMAIL *		EMAIL *	
BUSINESS PHONE		BUSINESS PHONE	
HOME PHONE		HOME PHONE	
CELL PHONE		CELL PHONE	
MAILING ADDRESS Street, City, State, Zip			

\* An Email address is needed for billing and information distribution. Please write NO EMAIL above if none is available.

### ATHLETE INFORMATION

Last Name	First (Legal) Name	M.I.	Preferred Name	DOB	Group

### Emergency Contact Information

	Name	Phone #	Relationship
Contact #1	_____	_____	_____
Contact #2	_____	_____	_____
Physician	_____	_____	
Insurance	_____	_____	



## Yuma Heat Swim Team Medical History

Swimmer's Name \_\_\_\_\_ (one form per child)

Please circle the appropriate responses below. All information will remain confidential.

Date of last physical exam \_\_\_\_\_

Date of last tetanus shot \_\_\_\_\_

- |  |     |    |
|--|-----|----|
| Has this athlete ever had surgery, a serious injury or been hospitalized?  | YES | NO |
| Is this athlete now under the care of a physician or taking any prescription medication?                                       | YES | NO |
| Has any physician ever recommended or do you feel that there should be limits placed upon participation in competitive sports? | YES | NO |
| Does this athlete have any known allergies to medications?   | YES | NO |
| Does this athlete wear glasses or contact lenses? Give date of last eye exam below if "YES"                                    | YES | NO |
| Has this athlete ever blacked out or lost consciousness during any physical activity?  | YES | NO |

If yes to any of the above, please explain below.

I / We hereby grant permission, in case of injury, to have any coach member of USA Swimming and/or medical doctor provide our athlete with medical assistance and/or treatment.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

# YUMA HEAT SWIM TEAM

## Application Addendum

The following information is required by USA Swimming.  
Please complete this information for EACH swimmer you are registering.

SWIMMER	US CITIZEN?	DUAL CITIZEN?	IF DUAL CITIZEN OR NON CITIZEN ARE YOU A MEMBER OF ANOTHER FINA FEDERATION?	DISABILITY	ETHNICITY <small>In accordance with U.S. Census Bureau guidelines, you may make up to two choices if appropriate</small>
	<input type="checkbox"/> YES  <input type="checkbox"/> NO	<input type="checkbox"/> YES  <input type="checkbox"/> NO	<input type="checkbox"/> YES  <input type="checkbox"/> NO	<input type="checkbox"/> A. Blind or Visually Impaired <input type="checkbox"/> B. Deaf or Hard of Hearing <input type="checkbox"/> C. Physical disability such as amputation, cerebral palsy, dwarfism, spinal injury, mobility impairment. <input type="checkbox"/> D. Cognitive disability such as mental retardation, severe learning disorder, autism	<input type="checkbox"/> Q. African American <input type="checkbox"/> R. Asian or Pacific Islander <input type="checkbox"/> S. Caucasian <input type="checkbox"/> T. Hispanic <input type="checkbox"/> U. Native American <input type="checkbox"/> V. Other <input type="checkbox"/> W. Decline
	<input type="checkbox"/> YES  <input type="checkbox"/> NO	<input type="checkbox"/> YES  <input type="checkbox"/> NO	<input type="checkbox"/> YES  <input type="checkbox"/> NO	<input type="checkbox"/> A. Blind or Visually Impaired <input type="checkbox"/> B. Deaf or Hard of Hearing <input type="checkbox"/> C. Physical disability such as amputation, cerebral palsy, dwarfism, spinal injury, mobility impairment. <input type="checkbox"/> D. Cognitive disability such as mental retardation, severe learning disorder, autism	<input type="checkbox"/> Q. African American <input type="checkbox"/> R. Asian or Pacific Islander <input type="checkbox"/> S. Caucasian <input type="checkbox"/> T. Hispanic <input type="checkbox"/> U. Native American <input type="checkbox"/> V. Other <input type="checkbox"/> W. Decline
	<input type="checkbox"/> YES  <input type="checkbox"/> NO	<input type="checkbox"/> YES  <input type="checkbox"/> NO	<input type="checkbox"/> YES  <input type="checkbox"/> NO	<input type="checkbox"/> A. Blind or Visually Impaired <input type="checkbox"/> B. Deaf or Hard of Hearing <input type="checkbox"/> C. Physical disability such as amputation, cerebral palsy, dwarfism, spinal injury, mobility impairment. <input type="checkbox"/> D. Cognitive disability such as mental retardation, severe learning disorder, autism	<input type="checkbox"/> Q. African American <input type="checkbox"/> R. Asian or Pacific Islander <input type="checkbox"/> S. Caucasian <input type="checkbox"/> T. Hispanic <input type="checkbox"/> U. Native American <input type="checkbox"/> V. Other <input type="checkbox"/> W. Decline
	<input type="checkbox"/> YES  <input type="checkbox"/> NO	<input type="checkbox"/> YES  <input type="checkbox"/> NO	<input type="checkbox"/> YES  <input type="checkbox"/> NO	<input type="checkbox"/> A. Blind or Visually Impaired <input type="checkbox"/> B. Deaf or Hard of Hearing <input type="checkbox"/> C. Physical disability such as amputation, cerebral palsy, dwarfism, spinal injury, mobility impairment. <input type="checkbox"/> D. Cognitive disability such as mental retardation, severe learning disorder, autism	<input type="checkbox"/> Q. African American <input type="checkbox"/> R. Asian or Pacific Islander <input type="checkbox"/> S. Caucasian <input type="checkbox"/> T. Hispanic <input type="checkbox"/> U. Native American <input type="checkbox"/> V. Other <input type="checkbox"/> W. Decline
	<input type="checkbox"/> YES  <input type="checkbox"/> NO	<input type="checkbox"/> YES  <input type="checkbox"/> NO	<input type="checkbox"/> YES  <input type="checkbox"/> NO	<input type="checkbox"/> A. Blind or Visually Impaired <input type="checkbox"/> B. Deaf or Hard of Hearing <input type="checkbox"/> C. Physical disability such as amputation, cerebral palsy, dwarfism, spinal injury, mobility impairment. <input type="checkbox"/> D. Cognitive disability such as mental retardation, severe learning disorder, autism	<input type="checkbox"/> Q. African American <input type="checkbox"/> R. Asian or Pacific Islander <input type="checkbox"/> S. Caucasian <input type="checkbox"/> T. Hispanic <input type="checkbox"/> U. Native American <input type="checkbox"/> V. Other <input type="checkbox"/> W. Decline



## Authorization Agreement for Direct Payments (ACH Debits) Monthly Fees and Seasonal Reconciliation

I hereby authorize Yuma Aquatics, Inc. to make withdrawals from the account and depository below. The withdrawals would be limited to regular monthly dues paid on, or about, the 20<sup>th</sup> of each month; and any outstanding balance at the end of each swim season. Any additional assessments placed by Yuma Aquatics will not be withdrawn without written notification 30 days prior to withdrawal. This authorization will remain in effect until notice of termination is submitted in writing to Yuma Aquatics. Yuma Aquatics must be afforded 10 business days beyond receipt of written notice in order to interrupt withdrawal. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

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Member' Name

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Banking Institution

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Account Number

Routing Number

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Signature of Authorizing Party

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Date

Savings – Checking

Please attach voided check or deposit slip along with signed authorization.

## USA Swimming Outreach Membership

USA Swimming offers a membership program to help and encourage the economically disadvantaged youth who are unable to afford the USA Swimming membership fees. The program offers qualified athletes the opportunity to become USA Swimming members for \$5.00.

The goal of the Outreach Program is to promote the identification, recruitment, training and retention of any of America's minority and disadvantaged youth that shows an interest in swimming and is unable to afford to join a local USA Swimming club.

Arizona Swimming, Inc. will waive the \$7.00 Local Swim Committee (LSC) fee on the Outreach memberships so the cost remains at \$5.00 per athlete. The membership is a year round membership. Confidentiality of members will be maintained. The athlete will receive a year round athlete membership card as with any other year round athlete and they will be on the year round athlete list. The only parties that will be knowledgeable of the Outreach Membership will be the parents, the Yuma Heat Registrar, USA Swimming, and the LSC Registration Chairman.

**Proof of qualification for Outreach Membership can be shown by submitting proof of receipt of Food Stamps or a copy of the Reduced/Free Lunch letter.**

To apply for Outreach Membership:

1. Mark the *Outreach* box under *Membership Fee* on the *Yuma Heat Swim Team Registration Checklist and Fee Worksheet*.
2. Submit your proof of qualification along with the Yuma Heat Registration forms.

Please contact the Yuma Heat office if you have any questions.

928-580-7404

andersen@yumaheat.org

# Arizona Swimming, Inc.

## Athlete Transfer Form

(There is no fee for Transfers)



I am a USA Swimming registered athlete and I wish to....

Check One

Transfer from one club to another club within Arizona Swimming, Inc.

Transfer to a club in Arizona Swimming, Inc. from another LSC (State)

**Note:** Athletes from LSC other than Arizona must submit a copy of their current LSC (State) registration card.

**My current information is...** (as it appears on current USA Registration Card)

_____	_____	_____	_____
Last	First	Middle	Preferred name
_____		_____	
USA Swimmer ID (14 digits)		Club Name & Club Abbreviation	
_____		_____	
Current mailing address		City, State & ZIP	

**My new information is...**

check here

to change

\_\_\_\_\_

New Club Name

\_\_\_\_\_

New Club Code

\_\_\_\_\_

Home Address

\_\_\_\_\_

City, State & ZIP

\_\_\_\_\_

Phone Number

\_\_\_\_\_

e-mail

**My last competition (meet) with my old team was....**

_____	_____
Exact Dates	Name of Meet & Host Club

### Statement of Transfer & Good Standing

I understand that I must wait 120 days from my last competition representing my previous club before I can represent my new club in competition. I will swim UNATTACHED in any meets I participate in during these 120 days. I will not swim on any club relays until my 120 days have elapsed. I also certify that I am in good standing with my previous club / LSC and that all information is true and correct to the best of my knowledge.

_____
Signature

_____
Date

**Note:** If athlete under 18, parent or guardian must sign.

**Send to:** Arizona Swimming, Inc.  
1212 E Osborn Rd Suite 107  
Phoenix, AZ 85014

Fax 602-266-9223  
e-mail [registration@azswimming.org](mailto:registration@azswimming.org)



# Arizona Membership Application

Renewal – my last USMS number was \_\_\_\_\_  
 New registration

Register with the same name you will use for competition. **Print clearly.**

Last Name		First Name		MI
Street Address				
City/State/Zip			Phone	
Date of Birth (mm/dd/yy)	Age	Sex (circle) M    F	E-mail address	
Club (ARIZONA MASTERS) or Unattached (Please call for 'Unattached' details) (Note: Club Arizona Masters Phone: 480-365-0037)			Today's Date	
Team ( i.e., Sun Devil Masters, Brophy, Sunfish, Sun City Starrs, etc.)				

WAIVER: I the undersigned participant, intending to be legally bound, hereby certify that I am physically fit and have not been otherwise informed by a physician. I acknowledge that I am aware of all the risks inherent in Masters swimming (training and competition) including possible permanent disability or death, and agree to assume all of those risks. AS A CONDITION OF MY PARTICIPATION IN THE MASTERS SWIMMING PROGRAM OR ANY ACTIVITIES INCIDENT THERETO, I HEREBY WAIVE ANY AND ALL RIGHTS TO CLAIMS FOR LOSS OR DAMAGES, INCLUDING ALL CLAIMS FOR LOSS OR DAMAGES CAUSED BY THE NEGLIGENCE, ACTIVE OR PASSIVE, OF THE FOLLOWING: UNITED STATES MASTERS SWIMMING, INC., THE LOCAL MASTERS SWIMMING COMMITTEES, THE CLUBS, HOST FACILITIES, MEET SPONSORS, MEET COMMITTEES, OR ANY INDIVIDUALS OFFICIATING AT THE MEETS OR SUPERVISING SUCH ACTIVITES. In addition, I agree to abide by and be governed by the rules of USMS.

**Signature (required):** \_\_\_\_\_

\_\_\_\_\_ I wish to contribute \$1.00 (or \$ \_\_\_\_\_)  
 to the International Swimming Hall of Fame  
 Foundation. I have added this amount to my 2007  
 registration fees.

\_\_\_\_\_ I wish to contribute \$1.00 (or \$ \_\_\_\_\_)  
 to the United States Masters Swimming  
 Foundation. I have added this amount to my 2007  
 registration fees.

\_\_\_\_\_ I coach Masters swimmers.

Fees 11/01/06 to 10/31/07 (Break down of Flat Rate)	
USMS fee	\$13.00
LMSC fee	\$18.00
USMS magazine	\$7.00
<b>Total</b>	<b>\$38.00</b>

Benefits of Membership include: A subscription to USMS's magazine, *USMS SWIMMER*, during the length of the membership year (\$8.00 of the annual dues is designated for the magazine subscription), and periodic mailings from the Local Masters Swimming Committee.

USMS Registered swimmers are covered with secondary accident insurance:

- 1) in practices supervised by a USMS member or USA Swimming certified coach where all swimmers are USMS registered.
- 2) in USMS sanctioned meets where all competitors are USMS registered.

**Make check payable to:**

**Arizona LMSC**

**Mail check and completed form to:**

**R.A. 'Mitch' Mitchell**  
**2529 W Cactus Rd # 1103**  
**Phoenix, AZ 85029**  
*rammedd@hotmail.com*