

Registration Information

2009-2010





2009-2010 Registration Information

Read this page first

Please read over all of the attached information carefully.

1. **Registration Requirements** – Please have:
 - a. Letter of Intent for each swimmer
 - b. Registration Agreement for the family
 - c. Medical Information & Emergency Release Form for **each** swimmer
 - d. Registration Fees (make checks payable to FBST)

Mail these forms and appropriate fees to FBST (address below) or turn in to the coach on deck at practice. An invoice will be sent to you based on the practice group and your desired payment plan. Please fill out forms legibly and completely in black or blue ink.

Register early to reserve your child's spot in the appropriate practice group.

2. **Parent's Meetings** – The meeting are to inform club members about the coaching staff, to review club programs, schedules, and the FBST handbook information. Late registrations can be turned in at the meetings but some practice groups may be filled by that time. *The meeting times and locations are still to be determined.*
3. **Deposit** – A **non-refundable** deposit of \$300 must be submitted with the letter of intent to reserve your swimmer's spot. This will be applied to your account.
4. **Payment Plans** – There are three payment plans this year:
 - a. Early Payment: All dues to be paid in full no later than July 15, 2009 (save 5% on dues).
 - b. Plan A: Full lump sum payment no later than August 1st or with submission of Registration Agreement (saves up to \$30 per swimmer – no processing fee).
 - c. Plan B: Three equal payments due on August 1, September 1, and October 1, 2009 respectively.

If a swimmer is signed up after the season has begun, dues will be prorated. Payment can be made in a full lump sum (saving \$30 per swimmer) or over three months unless noted on the Dues Schedule. Registration/Meet fees and the first installment dues must be paid before the swimmer is allowed to practice with the team.

5. **Discounts on dues** – Civilian families are offered a 10% multiple family members reduction for each additional swimmer after the highest dues rate. Active military families are offered a 5% discount. Discounts do not apply to the Registration/Meet Fees.
6. **Practice Dates** – Duration of each program is as noted on the Practice Schedule.
7. **Recruiting Incentives** – 10% of recruited swimmer's program dues upon payment is applied to the recruiter's program dues for the following season.
8. **Team Communication** – The primary means of communication within the club is via e-mails and the Team Website: **www.fbswim.org** it is important for all club members, parents, and swimmers to list their e-mail address on the registration forms. Please check your e-mail and the website frequently and remember to update you information with the club when necessary.
9. **Questions** – For more information, please call the Head Coach at (703) 627-4796 or e-mail the team at: **fbst-info@cox.net**



2009-2010 Medical Release Form

Swimmer's Last Name: _____ Home Phone: _____

Father/Guardian's Name: _____ Work: _____ Cell: _____

Mother/Guardian's Name: _____ Work: _____ Cell: _____

In the event of an emergency involving your child/ren and the coaches are not able to reach you, please provide names and phone numbers of emergency contacts:

	Swimmer #1 name	Swimmer #2 name
List any pertinent health or medical information and instructions or special problems (allergies, tetanus booster dates, drug allergies, asthma, prescriptions, etc.)	_____	_____
	_____	_____
	_____	_____

	Swimmer #3 name	Swimmer #4 name
List any pertinent health or medical information and instructions or special problems (allergies, tetanus booster dates, drug allergies, asthma, prescriptions, etc.)	_____	_____
	_____	_____
	_____	_____

I (we) hereby give permission for _____ to participate in practice and travel with FBST to local and out-of-town meets throughout the current (2009-2010) swim season. Although I expect all reasonable safety procedures to be followed, I will not hold the coaches of FBST nor any chaperone or volunteer working with or traveling with the group personally liable for any accident which may occur.

In case of minor emergency (cuts, scratches, headache, etc.), I (we) give permission to the coaches of chaperones to treat these as they deem necessary. In the event of a more serious emergency, I give permission for it to be handled in the best manner as determined by the chaperones or coaches of FBST until I am able to be contacted.

TO THE ATTENDING PHYSICIAN OR HOSPITAL: Permission is hereby granted for you, at the discretion of the coaches or chaperons of FBST, to perform whatever care is necessary for the welfare of my child until such time as you are able to reach me personally.

INSURANCE INFORMATION – MUST BE COMPLETE

Subscriber's Name (parent)	Insurance Company	Insurance authorization phone #
Group #	ID#	Coverage (i.e. medical, dental)
Preferred local hospital	Doctor's name and phone #	Dentist's name and phone #

Parent or Guardian Signature _____ Date _____



2009-2010 Registration Agreement

Swimmer's Last name _____ Home Phone _____

Address _____

City _____ State _____ Zip _____

Group Assignment – For Team Use Only				
Swmr	Group	Day/s	Code	Time Loc
#1	_____	_____	_____	_____
#2	_____	_____	_____	_____
#3	_____	_____	_____	_____
#4	_____	_____	_____	_____

I. PARENTS/GUARDIANS INFORMATION

Father/Guardian's name: _____ Work Phone: _____ Cell Phone: _____ Email: _____ Branch and grade in military: _____	Mother/Guardian's name: _____ Work Phone: _____ Cell Phone: _____ Email: _____ Branch and grade in military: _____
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Swimmer #1 Information M: _____ F: _____ Returning: _____ New: _____ Last _____ First _____ M.I. _____ Preferred name _____ D.O.B. _____ Current Age _____ School _____ Grade _____	Swimmer #2 Information M: _____ F: _____ Returning: _____ New: _____ Last _____ First _____ M.I. _____ Preferred name _____ D.O.B. _____ Current Age _____ School _____ Grade _____
Swimmer #3 Information M: _____ F: _____ Returning: _____ New: _____ Last _____ First _____ M.I. _____ Preferred name _____ D.O.B. _____ Current Age _____ School _____ Grade _____	Swimmer #4 Information M: _____ F: _____ Returning: _____ New: _____ Last _____ First _____ M.I. _____ Preferred name _____ D.O.B. _____ Current Age _____ School _____ Grade _____

This agreement applies to all programs offered by FBST

II. AGREEMENT

The undersigned parent or guardian ("Parent") and FBST agree as follows:

1. Dues and Registration Fee

In consideration of the participation of the swimmer(s) in FBST swim program, the Parent agrees to pay the Dues and Registration/Meet Fees for each Swimmer's practice level that are set forth on the attached Dues Schedule. The Registration Agreement must be submitted with a designated choice of payment plan. If the undersigned parent chooses Early Pay payment plan, all dues are to be paid in full no later than July 15, 2009. Plan A requires full payment no later than August 1, 2009 or with the submission of this agreement. Plan B requires three equal payment with additional processing fee of \$10 per payment due on August 1, 2009, September 1, 2009, and October 1, 2009 OR first payment with agreement with subsequent installments due the first of the following two months (refer to the Dues Schedule).

If the swimmer is transferred to a different practice team by the coaching staff, the difference in dues for the two practice levels shall be prorated and needed.

All payments required to be made under paragraph (a) shall be non-refundable in the case of a swimmer's withdrawal from the swim program except for instances where the withdrawal was for medical reasons (with a physician's note) or due to the swimmer's family's moving outside the Washington, D.C. metropolitan area. Any refund will be prorated as needed.

If all dues payment is not received by the fifteenth day of the month due, a late fee of \$50 per month will be assessed to the family's dues account.

No Swimmer will be registered who has an outstanding account balance with FBST from the previous season or has not paid the applicable Registration/Meet Fees.

2. Suspension

- (a) If any dues payment is not received in full by the last day of the month due, a notice of delinquency will be mailed. If Parent fails to pay any delinquent dues or assessment, including late fees, within 14 days from the date of written notice of delinquency, the Swimmer shall be suspended from further participation in all FBST activities until all financial obligations have been satisfied.
- (b) If an account becomes delinquent in payment of dues assessments because of financial hardship or other extenuating circumstances, Parents may apply to the Board of Directors for a waiver of late fees and suspension. A waiver may be granted by FBST if satisfactory arrangements are made for payment of the delinquent amounts.

3. Group Assignments

The assignment of the Swimmer(s) to a practice group shall be the decision of the coaching staff. Once a swimmer has been assigned to a practice group he or she may not practice with another practice group without the consent of the FBST Head Coach. An assignment may be modified during the swim season if the coaching staff believes a different practice group would be more appropriate for the Swimmer. FBST also reserves the right to cancel or to consolidate practice groups as needed.

4. Release of Liability

Parent hereby releases FBST, its employees, officers, directors and volunteers and any facility used by FBST from any liability arising out of any injury to the Swimmer(s) which may occur while the Swimmer(s) is/are participating in the FBST swim program, including, but not limited to, practices, meets, travel trips and other team activities, or while the Swimmer(s) is/are using facilities owed, least or used by FBST.

5. Volunteer Requirement

As a parent run non-profit organization, FBST relies on the volunteer efforts of parents to enable the team to provide quality services at a reasonable price. Each family is required to provide at least twenty (20) hours of adult volunteer services annually. From time to time, FBST and or PVS will provide opportunities for parents to perform such volunteer services.

6. Cessation of Team Business

In the event that FBST terminates or ceases to operate its swimming program due to (i) act of God, (ii) act of war, or (iii) any other cause that the Board of Directors deems sufficient, FBST, to the extent reasonably practicable under the circumstances, will refund members' dues prorated as needed.

7. Governing Law

This Agreement shall be governed by the laws of the Commonwealth of Virginia.

Parent's or Guardian's Signature _____ Date _____

Swimmer' first name	Practice Group	Total Dues	Payment Plans					Reg/Meet Fees*
			Early	A	B 1 st Month	2 nd Month	3 rd Month	

**Please submit Registration/Meet Fees with this agreement. Fill out the form below ONLY if a letter of Intent was not submitted.*

Swimmer #1 Name _____ Summer Swim Club _____ Current Practice Group (returnees only) _____ 2009-2010 practice group _____ T-Shirt Size (check one): Youth Med Youth LG Adult SM Adult Med Adult LG Adult XLG	Swimmer #2 Name _____ Summer Swim Club _____ Current Practice Group (returnees only) _____ 2009-2010 practice group _____ T-Shirt Size (check one): Youth Med Youth LG Adult SM Adult Med Adult LG Adult XLG
Swimmer #3 Name _____ Summer Swim Club _____ Current Practice Group (returnees only) _____ 2009-2010 practice group _____ T-Shirt Size (check one): Youth Med Youth LG Adult SM Adult Med Adult LG Adult XLG	Swimmer #4 Name _____ Summer Swim Club _____ Current Practice Group (returnees only) _____ 2009-2010 practice group _____ T-Shirt Size (check one): Youth Med Youth LG Adult SM Adult Med Adult LG Adult XLG

How did you hear about FBST? _____



2009-2010 Practice Schedule

Senior National (9/14/09-6/22/10)

8 Workouts per Week

Evening Workouts

Days	Time	Location
Sunday	No Practice	
Mon - Thurs	4:30-6:30pm	MV
Friday	4:00-6:00pm	GW
Fri. Dec. 5- Jan. 30	5:15-6:30am	GW
Saturday	6:00-9:00am	GW

Senior National (9/22/09-6/21/10)

Morning Workouts

Days	Time	Location
Monday & Wednesday	5:15-6:30am	GW

Junior National (9/14/09-6/22/10) Pick Any 4

Days	Time	Location
Sunday	3:00-5:00pm	GW
Monday	7:00-8:30pm	Lee
Tuesday	5:30-7:00pm	MV
Wednesday	7:00-8:30pm	Lee
Thursday	5:30-7:00pm	MV
Friday	4:00-5:30pm	GW
Saturday	7:00-9:00am	GW

Age Group I (9/14/09-6/22/10) Pick Any 4

Days	Time	Location
Sunday	3:00-4:30pm	GW
Monday	7:00-8:30pm	Lee
Tuesday	5:00-6:30pm	GW
Wednesday	7:00-8:30pm	Lee
Thursday	5:00-6:30pm	GW
Friday	4:00-5:30pm	GW
Saturday	8:00-9:30am	GW

Age Group I (9/14/09-6/22/10)

Morning Workouts – Space is Limited

Days	Time	Location
Tuesday & Thursday	6:00-7:30am	SR

Age Group II (9/14/09-6/22/10) Pick Any 4

Days	Time	Location
Sunday	3:00-4:15pm	GW
Monday	7:15-8:30pm	Lee
Tuesday	5:00-6:15pm	GW
Wednesday	7:00-8:15pm	Lee
Thursday	5:00-6:15pm	GW
Friday	4:00-5:15pm	GW
Saturday	8:00-9:15am	GW

Age Group II (9/14/09-06/22/10)

Morning Workouts – Space is Limited

Days	Time	Location
Tuesday & Thursday	6:00-7:15am	SR

Age Group III (9/14/09-6/22/10) Pick Any 3

Days	Time	Location
Sunday	3:00-4:15pm	GW
Monday	7:15-8:30pm	Lee
Tuesday	6:00-7:15pm	GW
Wednesday	6:00-7:15pm	Lee
Thursday	6:00-7:15pm	GW
Friday	4:00-5:15pm	GW
Saturday	8:45-10:00am	GW

Age Group III (9/14/09-06/22/10)

Morning Workouts – Space is Limited

Pick Any 3 Days

Days	Time	Location
Monday - Friday	7:00-8:00am	SR



2009-2010 Practice Schedule

Age Group IV (9/14/09-6/22/10) Pick Any 3

Days	Time	Location
Sunday	3:00-4:00pm	GW
Monday	7:30-8:30pm	Lee
Tuesday	6:00-7:00pm	Lee
Wednesday	No Practice	
Thursday	6:00-7:00pm	GW
Friday	4:00-5:00pm	GW
Saturday	9:00-10:00am	GW

Age Group IV (9/14/09-06/22/10) Morning Workouts – *Space is Limited* Pick Any 3 Days

Days	Time	Location
Monday - Friday	7:00-8:00am	SR

Fall Prep (9/22/09-11/05/09) Pick 1, 2, or 3

Days	Time	Location
Tuesday - Thursday	4:00-5:00pm	GW

Spring Summer Prep (02/16/10-05/20/10) Pick 1, 2 or 3

Days	Time	Location
Tuesday - Thursday	4:00-5:00pm	GW

Special Program 1 Day a Week (09/25/09-05/21/10)

Days	Time	Location
Friday	4:00-5:00pm	GW

Shark School (9/21/09-5/28/10) Pick 1, 2, or 3

Days	Time	Location
Sunday	4:00-5:00pm	GW
Monday	2:00-3:00pm	MV
Monday	2:00-3:00pm	SR
Monday	7:00-8:00pm	GW
Tuesday	6:30-7:30pm	GW
Wednesday	5:30-6:30pm	Lee
Wednesday	7:00-8:00pm	GW
Thursday	6:30-7:30pm	GW
Friday	4:00-4:45pm	GW
Friday	4:45-5:30pm	GW
Saturday	9:00-10:00am	GW

Please Note:

- Morning practices, for all groups, are available at George Washington Recreation Center upon request, contact Coach Murray for scheduling options: (703) 627-4796

George Washington Rec Center (GW)
8426 Old Mt Vernon Road
Alexandria, VA 22309
703-780-8894

Mt Vernon Rec Center (MV)
2017 Belle View Blvd.
Alexandria, VA 22307
703-768-3224

Lee District Rec Center (Lee)
6601 Telegraph Road
Alexandria, VA 22310
703-922-9841

South Run Rec Center (SR)
7550 Reservation Drive
Springfield, VA 22153
703-866-0566



2009-2010 Dues Schedule

Group	Code	Maximum Participation per week	Full Dues 11 Months Sept 09 - Aug 10	Full Dues 9 Months Sept 09 - May 10	Partial Dues 11 Months Sept 09 - Aug 10	Partial Dues 9 Months Sept 09 - May 10	Registration/ Meet Fees
Senior National	SN		\$3,298.00				\$380.00 *
Junior National	JN		\$2,948.00				\$380.00 *
Age Group 1	AG1F	4	\$2,757.00	\$2,482.00			\$350.00 *
	AG1P	2			\$2,206.00	\$1,986.00	\$350.00 *
Age Group 2	AG2F	4	\$2,378.00	\$2,140.00			\$350.00 *
	AG2P	2			\$1,902.00	\$1,713.00	\$350.00 *
Age Group 3	AG3F	3	\$1,897.00	\$1,708.00			\$350.00 *
	AG3P	1			\$1,518.00	\$1,367.00	\$350.00 *
Age Group 4	AG4F	3	\$1,497.00	\$1,346.00			\$350.00 *
	AG4P	1			\$1,197.00	\$1,077.00	\$350.00 *
Fall Prep	HS1	1 day per week: \$275					\$150 Reg only
	HS2	2 days per week \$553					\$150 Reg only
	HS3	3 days per week: \$824					\$150 Reg only
Spring/Summer Prep	SP1	1 day per week: \$275					\$150 Reg only
	SP2	2 days per week: \$553					\$150 Reg only
	SP3	3 days per week: \$824					\$150 Reg only
Special 1-Day a Week Program	WP1	1 day per week		\$850.00			\$150 Reg only
Shark School 1	SS1	1 day per week		\$574.00			\$225.00 *
Shark School 2	SS2	2 days per week		\$1,147.00			\$225.00 *
Shark School 3	SS3	3 days per week		\$1,721.00			\$225.00 *
Masters Swim Program	M1	1 day per week	\$27.00				\$37 USMS Fee
	M2	2 or more per week	\$54.00				\$37 USMS Fee

Notes:

1. Age Group programs' available for 9 or 11 month program, with full or partial participation.
 2. Early pay discount of 5%.
 3. 10% discount on each additional swimmer.
 4. Active duty military discount of 5%
 5. After July 15, 2009 – Only one discount applies.
 6. Referral incentives offered
- * Includes Reg & Meet fees, if you choose not to swim in meets Reg fee is \$150.00

Payment Plans:

1. Two discounts can be taken at Early Pay payment in full by 7/15/09 (IE – 5% early pay + 5% military).
2. Plan A – single payment by Aug 1, 2009 or with submission of Registration Agreement
3. Plan B – equal payment with additional processing fee of \$10 per payment due on Aug 1, 2009, Sept 1, 2009, and October 1, 2009 OR first payment with Registration Agreement with subsequent installments due the first of following two months.