



FEATHER RIVER AQUATIC CLUB

2017-2018

Swimmer

Registration Packet



421 C Street Yuba City, CA 95991 (530) 742-SWIM www.fracattack.org



2017-2018 REGISTRATION INFORMATION

In order to register with FRAC, you will need to write two checks.

#1 Make your **first check** payable to **FRAC** for the combination of the following fees:

| | |
|--|-----------------------------------|
| <u>Annual Family Registration Fee:</u> | \$50.00 for first child |
| | \$40.00 for each additional child |

FRAC Monthly Dues: (due by the fifth of each month, delinquent after the tenth)

| |
|----------------------------------|
| \$75.00/month for Tigersharks |
| \$70.00/month for Blue Team |
| \$70.00/month for Silver Team |
| \$75.00/month for Red Team |
| \$80.00/month for Gold Team |
| \$85.00/month for Junior Varsity |
| \$85.00/month for Varsity |

*FRAC offers a \$10/month discount for 2nd and 3rd swimmers in the family.

Make your combined check out to FRAC and place in Treasurer's file.

#2 Make your **second check** payable to **FRAC** in the amount of \$85.00 and complete the 2017-2018 Athlete Registration Application located on the last page of this packet. Please put this form and the check in the Registrar's File.

The registration form and \$85.00 check will be sent by the team registrar to USA Swimming. You will then receive the swimmer's USA swimming card with the swimmer's USA ID number. You will use this ID number to enter all swim meets, so please keep this card in a safe place once received. Swimmers registering after 9/01/17 will be covered until 12/31/2018. You **MUST** re-register every year.

Your swimmer's USA Swimming Membership is basically the insurance that covers him/her to be in the water. No swimmer is allowed in the pool without this requirement being met.

If you have any questions, please contact our team registrar at 742-SWIM, or visit our website at www.fracattack.org.



BILLING POLICY

EFFECTIVE FEBRUARY 1, 2014

Dues:

Monthly dues are expected to be paid in full by the 5th of each month and are considered delinquent after the 10th. Failure to pay will result in a late fee assessment of \$25. Please include this fee if paying past the tenth of the month. One day of swimming in a month constitutes the obligation of dues for that month. No partial month will be billed or credited. Daily attendance is taken by our coaches and is used to verify each month's dues obligation.

Annual Family Registration Fee:

\$50 first child
\$40 each additional child

FRAC Monthly Dues:

| | |
|----------------|------|
| Tigersharks | \$75 |
| Blue Team | \$70 |
| Silver Team | \$70 |
| Red Team | \$75 |
| Gold Team | \$80 |
| Junior Varsity | \$85 |
| Varsity | \$85 |

Payment Options:

1. Check made out to "FRAC" placed in the dues folder on pool deck.
2. Mail check to FRAC, PO Box 246, Yuba City, CA 95992.
3. Online Banking Bill Pay set up with your bank:
Feather River Aquatic Club
PO Box 246
Yuba City, CA 95992

*Please note that any balance remaining unpaid for a period of 30 days will be addressed with a letter or email stating the past due status. After 60 days past due, the swimmer(s) will no longer be permitted to swim, unless prior arrangements have been made. Please speak directly to the President of the club if you feel you have circumstances that may need special consideration. Any unpaid balances beyond 90 days will result in action by either a collection agency or small claims court.

If a check is returned due to Non-Sufficient Funds, you will be assessed an additional \$25 to cover any charges FRAC may incur from banking costs associated with processing the NSF item.

Dues Suspension/Termination Agreement:

When requesting for a dues suspension with FRAC, the following steps need to be taken four weeks prior to your suspension date:

1. Email FRAC President Sharon Guillory @ S530G@aol.com. You must notify the team of suspension or you will continue to be responsible for ongoing monthly dues payments.
2. Email Coach Shelby @ fraccoachshelby@aol.com.

***Please note that notification must be given prior to the first day of the month in which you're requesting a suspension. One day of swimming in a month constitutes the obligation of dues for that month. Swimmers cannot swim while on dues suspension.**

I have read the above and understand that I must comply with the Billing Policy and Suspension Agreement.

Please detach this portion and place signed form in the dues folder on deck.

I have read and agree to comply with the Billing Policy and Suspension Agreement.

Date: _____ **Swimmer's Name:** _____

Print Name: _____

Signature: _____



FEATHER RIVER AQUATIC CLUB VOLUNTEER RESPONSIBILITIES

EFFECTIVE FEBRUARY 1, 2014

Your child is swimming with a great team, and part of that success is due to our parent volunteers. Parental support and involvement is vital to the success of our team.

Job Duties:

- 1. Meet Officials** – A vital part of any swim meet. Officials are responsible for keeping swim meets fair and accurate. If you are interested in becoming an official, please speak to your swimmer's coach.
- 2. Timing** – Parents can help by timing at swim meets. Timing is easy and simply requires you to push a button and/or record the time of the swimmer in your assigned lane.
- 3. Activities Volunteer** – Parents that volunteer time during FRAC activities/fundraisers, such as team BBQ's. Please speak to your swimmer's coach about upcoming FRAC activities that need your help.
- 4. All FRAC families are required to participate in our annual Swim-A-Thon and contribute a minimum of \$50.00 to this event.**

Requirements: If your swimmer is attending a meet, you are required to help. Those who are not officials are expected to help by timing. Timing assignments will be created by the Head Coach and emailed out to parents the week of a swim meet.

All FRAC Families with swimmers in our competitive program have a minimum requirement of 10 hours per year at various events hosted by FRAC. It is your responsibility to sign up to work and to make sure you earn your hours each year. **If the hours are not met, you will be automatically billed at the rate of \$25 per hour not worked up to a maximum of \$250.**

Timing Rules:

- You must time at each meet your swimmer has entered.
- You must notify your Head Coach and/or find a replacement if you cannot time.
- If you miss your assigned timing slot, you will be fined \$25 payable to FRAC.

Name of Swimmer(s): _____

SIGNATURE

I understand my responsibilities and the requirement to volunteer in one or more of the listed tasks and agree to the policy as stated above.

Signature of Parent: _____ Date: _____



**FEATHER RIVER AQUATIC CLUB
CODE OF CONDUCT FORM**

I have received a copy (by e-mail) of the Parent's and Swimmer's Responsibilities and have read and acknowledged receipt of the information they contain. I will abide by the code of conduct and follow all guidelines.

Should I conduct myself in a way that brings discredit or discord to Feather River Aquatic Club, or USA Swimming, I voluntarily subject myself to disciplinary action. FRAC maintains the right to terminate any membership with/without cause in the interest of FRAC's vision, mission, and objectives.

Name of Swimmer: _____

Signature of Swimmer: _____ Date: _____

Parent/Guardian (printed): _____ Date: _____

Parent/Guardian (signature): _____ Date: _____



MEMBERSHIP INFORMATION (Please Print CLEARLY)

Name of Swimmer _____ Date of Birth _____
First MI Last

Address _____
Street Apt # City, Zip

Phone _____ Cell Phone _____

Email _____

Please indicate action desired in the event of an emergency:

1. In the event of an accident or other emergency, when a parent/guardian is unavailable, I hereby authorize a representative of Feather River Aquatic Club to make such arrangements, as s/he considers necessary for my child to receive medical or hospital care, including necessary transportation. Under such circumstances, I further authorize the physician below to undertake such care and treatment of my child, as s/he considers necessary. In the event said physician is not available, I authorize such care and treatment to be performed by any licensed physician or surgeon. _____ (Please initial)

2. In the absence of a parent, call _____
Name Phone

3. I do not choose the above statement and desire the following action _____

4. The undersigned hereby agrees to bear all costs incurred as a result of the foregoing action.

Parent Name (Printed) Parent Name (Printed)

Parent Signature Date Parent Signature Date

HISTORY

_____ Please check here if there are no known health problems.

_____ Please check if there is a history of any of the following:
_____ Frequent colds _____ Penicillin or other drug reactions _____ Hyperactivity
_____ Bronchitis _____ Frequent sore throats _____ Sinusitis
_____ Stomach Upsets _____ Abscessed ears _____ Asthma
_____ Convulsions _____ Fainting spells _____ Epilepsy
_____ Allergies

Any other comments: _____



PUBLISHING RELEASE

To give permission to Feather River Aquatic Club to use your child(ren)'s image(s)/photograph(s) in their Web page(s). Social Network(s) (i.e. Facebook), and/or literature, please complete this form and return it to an agent of Feather River Aquatic Club.

I, _____ give permission to Feather River Aquatic Club to publish photographs from Feather River Aquatic Club activities that may contain my child(ren)'s image(s)/photograph(s) in its:

Website Yes [] No [] Initial _____

Literature Yes [] No [] Initial _____

Social Networks Yes [] No [] Initial _____
(i.e. Facebook)

I understand that any image(s)/photograph(s) published in the Feather River Aquatic Club website are available, worldwide, to anyone with access to the Internet. I also understand that Feather River Aquatic Club cannot protect my child(ren)'s image(s)/photograph(s) against unauthorized use or copyright violations. I agree to hold Feather River Aquatic Club and/or its agents harmless for any unauthorized use or copyright violations arising from the publication of my child(ren)'s image(s)/photograph(s) in the Feather River Aquatic Club website and/or literature. In addition, I release any claims against Feather River Aquatic Club and/or its agents for any damages, awards, claims, or liabilities that may arise from any unauthorized uses or copyright violations of my child(ren)'s image(s)/photograph(s).

This permission is valid until revoked by me in writing.

Date: _____

Child(ren) Name(s): _____

Parent or Guardian (**print**): _____

Parent or Guardian (**sign**): **X** _____