

DELAWARE SWIM TEAM 2009-2010 FALL/WINTER REGISTRATION & CONTRACT

4905 Mermaid Blvd. Wilmington, DE 19808 302-234-8500

Last Name _____

Street _____ City _____ State _____ ZipCode _____

Mother's Name _____ Home# _____ Cell# _____ Work# _____

Father's Name _____ Home# _____ Cell# _____ Work# _____

E-MAIL IS AN IMPORTANT MEANS OF TEAM COMMUNICATION FOR DST. PLEASE PRINT CLEARLY

Please Include Mom E-mail address _____

Please Include Dad E-mail address _____

1. Swimmer's Name (Last, First M.I.) _____ Preferred Name _____

DOB ___/___/___ Sex___ Age___ Grade___ Swimmer E-mail Address _____

2. Swimmer's Name (Last, First M.I.) _____ Preferred Name _____

DOB ___/___/___ Sex___ Age___ Grade___ Swimmer E-mail Address _____

3. Swimmer's Name (Last, First M.I.) _____ Preferred Name _____

DOB ___/___/___ Sex___ Age___ Grade___ Swimmer E-mail Address _____

4. Swimmer's Name (Last, First M.I.) _____ Preferred Name _____

DOB ___/___/___ Sex___ Age___ Grade___ Swimmer E-mail Address _____

I agree to have my family's names & contact information listed in a DST Team Directory: **YES/NO** (Circle one)

Fundraising commitments and volunteer hours are expected from each family to help defray program costs and enable our swimmers a wider array of training opportunities. Which committee would you like to work on within the booster committee?

Membership _____ Communication _____ Fundraising _____ Competition _____

EMERGENCY INFORMATION

In Case of Emergency Call _____ Phone _____

Hospital of Choice _____ Insurance Company _____

Group Number _____ Policy Number _____ Most recent tetnus shot ___/___/___

PHOTOCOPY OF INSURANCE CARD REQUESTED

Any serious medical condition/medications _____

Family Physican _____ Phone _____

DST has adopted the following procedures caring for your child should he/she become sick or injured while attending an organized event. (1) A staff member will call home (2) If no answer, the parents' place of employment &/or cell number will be called (3) If no answer, the emergency number will be called (4) If none of the above answer, an ambulance will be called if necessary to transport the child to a local medical facility (5) A staff member will continue to call the parents and family physician if no one is reached. "If I cannot be reached and staff members have followed the procedures described, I agree to assume all expenses for transporting and treating my child."

I allow DST to display my child's picture on the web site and in the annual brochure (pictures are taken at swim meets and other team activities.)

<u>GROUP</u>	<u>MONTHLY*</u>	<u>PAY IN FULL*</u> (11 Months...receive one month free)
___ National	\$250.00	\$2,500.00
___ Seniors	\$200.00	\$2,000.00
___ High School Prep	-NA-	\$ 300.00
___ Supers	\$175.00	\$1,750.00
___ Mightys	\$150.00	\$1,500.00
___ Wonders	\$135.00	\$1,350.00
___ Pups	\$115.00	\$1,150.00

*Does not include Booster, USA Swimming or DST registration fees
 There is a 5% discount for the second swimmer in the family, 10% discount for all additional family members

LOCATION WHERE YOU WOULD LIKE TO RECEIVE TEAM INFORMATION:

DSFC-New Castle _____ DSFC-Pike Creek _____ GARNET VALLEY _____ PS DUPONT _____ UD CIP _____

Contract Notes:

- DST offers 3 standard contract lengths: 7 month (through March)
 9 month (through May)
 11 month (through July)
- At registration, in addition to annual USA, team, and booster fees, first and last month payments of each contract are required.
- Contracts may be modified with 30 days written notice.
- Swimmers canceling a prepaid 11 month contract will forego any prepayment discounts.

Fees:

- Practice fees are based on our overall program. For your convenience, we have established a monthly payment schedule. It is the customer's choice whether to pay for their contract in advance or monthly. All monthly payments will be automatically withdrawn from a checking account or charged to a credit card.
- There is a 5% discount for the second swimmer, 10% discount for additional family members.
- There is a \$50.00 annual DST registration fee (\$25.00 for the second swimmer, \$10.00 for additional family members)
- There is a \$57.00 annual USA Swimming registration fee per swimmer.
- There is a \$25.00 annual Booster registration fee per family.
- Swimmers transferring from another USA club are required to pay a \$10.00 transfer fee to Middle Atlantic Swimming.
- There is a \$50 contract cancellation fee per swimmer.

Misc. Program Notes:

- PS duPont & Garnet Valley practices are subject to change based on School District Schedules and Closings.
- Satellite location commitments are based upon the number of registered swimmers needed for each given facility.
- Practice schedules may be modified throughout the season based on seasonal training cycles or group size.
- High School Prep Program runs from Sept 14th thru Nov 13th ~ Program costs \$300 (plus fees) is paid in full at time of registration. USA-S registration is required.

I have read and understand the above guidelines and restrictions:

 Parent Signature

 Date

- Contract Date ___/___/___
- Initial term expires ___/___/___
- Group Name(s) _____
- Term of contract ___ months
- First payment due ___/___/___

Total contract cost \$ _____
 Int. down payment \$ _____
 Number of payments _____
 Amount of payments _____ per _____

AUTHORIZATION FOR PRE-AUTHORIZED PAYMENTS

Sales Person Name _____

- I hereby authorize Delaware Swim Team, to initiate debit entries to my credit card account or bank account named below.

• Card Name _____ Acct.# _____ Exp. _____ Sec. Code _____

• Bank Name _____ Routing# _____ Acct# _____

My signature below acknowledges that this authority is to remain in full force and effect until Delaware Swim Team, and the Bank has received notification from me of its termination in such manner as to afford Delaware Swim Team, and the Bank a reasonable opportunity to act on it. This authorization if cancelled, does not release me from my obligation (Promissory note/Contract).

Date: _____ Account Holder Signature: _____

GUARANTY: This guarantor who signs below guarantees the full payment of all amounts which are owed to us under this contract if the buyer does not pay us. We can modify this contract, extend the time allowed for payment, and release other parties without affecting the obligation of the guarantor. I as Buyer of this contract understand and agree to the following:

1. That I am responsible for the payment schedule as outlined above.
2. Non-Use of facilities: Even if our facilities and services are not used, I am still responsible for my payment under this contract.
3. I have been informed and understand the terms and conditions.
4. The Electronic Transfer transaction, as described above, will be in my name, or Guarantor's name.
5. A late charge of \$10.00 per payment/period will be assessed if my periodic payments are received in our office more than 10 days late and/or there remains an unpaid delinquent balance due to partial payments, unpaid payments and/or unpaid late charges, or return fees.
6. That I can be charged \$25.00 for returned checks and/or electronic returns due to insufficient funds, closed accounts, declines, ect.
7. That my account may be sent to a credit report agency.
8. That if I miss any periodic payment, I am in default and the entire balance of the contract may become to and payable, as applicable to state laws.
9. That I am responsible for court costs, private process service costs, pre-judgment interest at 10%, and attorneys fees and collection fees for the collector of any amounts due on this contract. Any court judgment shall bear post-judgment interest at the highest rate allowed by law.

Everything that I have stated in the application is correct and to the best of my knowledge. You are authorized to check my credit and employment history to answer questions about your credit experience with me.

PRIOR TO SIGNING THE CONTRACT
 By signing this contract, you certify that
 You have read and fully under-
 Stand your obligations.

BY SIGNING BELOW, YOU CERTIFY THAT YOU HAVE RECEIVED A
 COMPLETED COPY OF THIS CONTRACT.

IN WITNESS WHEREOF, THE BUYER HAS SET HIS HAND AND SEAL
 AND OUR ORGINAZATION HAS CAUSED ITS NAME AND SEAL TO BE
 AFFIXED BY ITS DULY AUTHORIZED REPRESENTATIVE.

SIGNATURE _____

DATE ___/___/___

OFFICE USE ONLY

TOTAL AMOUNT COLLECTED AT REGISTRATION:

2010 USA Swimming Registration Fee	\$57.00 per swimmer	\$ _____
USA Swimming Transfer Fee	Must Complete Transfer Form...\$10.00 per swimmer	\$ _____
DST Registration Fee	\$50.00 First Swimmer; \$25.00 Second; \$10.00 All others	\$ _____
Team Dues	Group dependent	\$ _____
TOTAL COLLECTED		\$ _____

COMPLETED BY (STAFF MEMBER) _____ CHECK # _____ CASH _____ CHARGE _____

C/R _____ FLDR _____ 30 DAY _____ INACTIVE _____

C/EX MARCH 26th _____ MAY 28th _____ JULY 23rd _____