

# NJBD TEAMS AND PAYMENT POLICIES

**MIDDLE SCHOOL SWIM TEAM:** A swim team fee of \$275 is required for every new/returning swimmer. Each swimmer will receive a cap/shirt with the registration. The registration fee covers a USA Swimming registration fee; team t-shirt, team swim cap per swimmer enrolling, and administrative costs. Practices will be Tue, Thur, Sun each week.

**Optional pre-season practice fees are \$150** (mid Aug through mid Oct. on Sunday Afternoon and Tuesday Morning).

Swimmers participating on other swim clubs that will not be participating in the middle school practices and want to swim on the Middle School Team will have an adjusted fee of \$175.

**USA SWIM TEAM ANNUAL MEMBERSHIP:** Season runs August through July.

To register you must fill out the Registration Form, the Electronic Authorization Form (to cover all USA Meet Fees and any remaining payments), NJBD Annual Membership Agreement, and pay the non-refundable annual registration fee and first month installment on the selected Practice Group. Each swimmer will receive a team shirt/cap with registration. The annual registration fee covers a swimmer's GA & USA Swimming registration, insurance, a team t-shirt, a team cap, and other administrative costs.

**Payment Options:**

Option 1: Payment in full. Receive a 5% discount. Payment due at registration

Option 2: Registration Fee and first month installment is due at application. Eight (8) equal monthly installments (Sept - April) be electronically billed/authorized on the 15<sup>th</sup> of the month.

PRACTICE GROUP	Practices per wk	Annual Registration Fee	Monthly Fee	Total Due at Registration	Annual Swim Fees	Total Annual Fees	Average over 12 months
Practice Group: A Bronze	3 days	\$ 200.00	\$ 75.00	<b>\$ 275.00</b>	\$ 675.00	\$ 875.00	\$73
Practice Group: A (Bronze)	4 days	\$ 200.00	\$ 100.00	<b>\$ 300.00</b>	\$ 900.00	\$ 1100.00	\$ 92
Practice Group: B (Silver) including dryland	3 days	\$ 200.00	\$ 95.00	<b>\$ 295.00</b>	\$ 855.00	\$ 1055.00	\$ 88
Practice Group: B (Silver) including dryland	5 days	\$ 200.00	\$ 135.00	<b>\$ 335.00</b>	\$ 1215.00	\$ 1415.00	\$ 118
Practice Group C (Advanced) including dryland	5 days	\$ 200.00	\$ 150.00	<b>\$ 350.00</b>	\$ 1350.00	\$ 1550.00	\$ 130

Discounts: There is a 5% Full Payment Discount if dues are paid in full by October 1st. Siblings will receive discount of 10% off annual fees.

Change: If a swimmer is moved to a practice group that is different from the one initially registered for, billing will be at the new rate for each remaining month of the term.

Meet Fees: Swim meet fees are not included as part of your annual membership fees. The meet fees will be charged/debited to your swimmers account after distribution of swimmer roster to the team. Please RSVP for all meets when asked to do so. If you are unable to attend the meet and fulfill your swimmer obligation as listed on the swim roster – notify the coach ASAP. Once the club has submitted the swim roster and payment for an upcoming meet all fees are non-refundable.

Termination: If the member terminates their membership early for any reason, the family is obligated to pay the lesser of a \$500 cancellation fee or pay the remaining balance due on their account. No refunds are given for early termination

# NJBD – 2019 ATHLETE REGISTRATION APPLICATION

New USA Swimmer Returning USA Swimmer Interested in Competitive Swimming/Attending Meets Interested in Stroke Clinics/Improvement	New Middle School Swimmer Returning Middle School Swimmer Interested in Middle School Ride Sharing?
T-SHIRT SIZING: Youth   SM   MED   LG   XL                      Adult   SM   MED   LG   XL   XXL	

**PLEASE PRINT LEGIBLY • COMPLETE ALL INFORMATION:**

LAST NAME	LEGAL FIRST NAME	MIDDLE NAME
PREFERRED NAME	DATE OF BIRTH (MO/DAY/YR)	SEX (M/F)
AGE	GRADE	SCHOOL ATTENDING
GUARDIAN #1 LAST NAME	GUARDIAN #1 FIRST NAME	GUARDIAN #2 LAST NAME
GUARDIAN #2 FIRST NAME	MAILING ADDRESS	
CITY	STATE	ZIP CODE
AREA CODE	TELEPHONE NO.	FAMILY/HOUSEHOLD E-MAIL ADDRESS

(Bill, Beth, Scooter, Liz, Bobby)

U.S. CITIZEN:    YES    NO

ARE YOU A MEMBER OF ANOTHER FINA FEDERATION?    YES    NO

IF YES, WHICH FEDERATION: \_\_\_\_\_

<p><b>OPTIONAL</b></p> <p><b>DISABILITY:</b></p> <p><input type="checkbox"/> A. Legally Blind or Visually Impaired</p> <p><input type="checkbox"/> B. Deaf or Hard of Hearing</p> <p><input type="checkbox"/> C. Physical Disability <i>such as amputation, cerebral palsy, dwarfism, spinal injury, mobility impairment</i></p> <p><input type="checkbox"/> D. Cognitive Disability <i>such as severe learning disorder, autism</i></p>	<p><b>RACE AND ETHNICITY</b> (You may check up to two choices):</p> <p><input type="checkbox"/> Q. Black or African American</p> <p><input type="checkbox"/> R. Asian</p> <p><input type="checkbox"/> S. White</p> <p><input type="checkbox"/> T. Hispanic or Latino</p> <p><input type="checkbox"/> U. American Indian &amp; Alaska Native</p> <p><input type="checkbox"/> V. Some Other Race</p> <p><input type="checkbox"/> W. Native Hawaiian &amp; Other Pacific Islander</p>
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HAVE YOU REPRESENTED THAT FEDERATION AT INTERNATIONAL COMPETITION?    YES    NO

Who would be taking you to scheduled practices?	
Any other outside activities?	

**Additional Information:**

Have you ever competed in swimming? If so, for whom and for how many years?	
What is your favorite events/stroke?	
<b>MEDIA RELEASE: Initial:</b> _____	I hereby give my consent to all photographs, audio recordings, academic work and/or video recordings taken of me or my minor child by NJBD staff or their designee. I understand that any such photographs, audio recordings, and/or video recordings become the property of the club and may be used for promotional or other purposes determined by the club in broadcast and electronic media formats now existing or in the future created.

<b>EMERGENCY CONTACTS &amp; MEDICAL</b>	<b>ATTACH COPY OF INSURANCE CARD FRONT &amp; BACK</b>
Name of Emergency Contact:	Contact Number:
Known Allergies:	Medications currently taking:
Any Medications you should not take:	Medical Insurance Carrier and Address:
Named Policy Holder:	Policy No:

ADMIN:

Registration Date: \_\_\_\_\_  
 Practice Group: A   B   C   MS

Payment Type: \_\_\_\_\_  
 Fees Paid: \_\_\_\_\_

# SWIMMER/PARENT CONCUSSION AWARENESS FORM

SWIMMER NAME: \_\_\_\_\_

## **DANGERS OF CONCUSSION**

Concussions at all levels of sports have received a great deal of attention and a state law has been passed to address this issue. Adolescent athletes are particularly vulnerable to the effects of concussion. Once considered little more than a minor “ding” to the head, it is now understood that a concussion has the potential to result in death, or changes in brain function (either short-term or long-term). A concussion is a brain injury that results in a temporary disruption of normal brain function. A concussion occurs when the brain is violently rocked back and forth or twisted inside the skull as a result of a blow to the head or body. Continued participation in any sport following a concussion can lead to worsening concussion symptoms, as well as increased risk for further injury to the brain, and even death.

Player and parental education in this area is crucial – that is the reason for this document. Refer to it regularly. This form must be signed by a parent or guardian of each student who wishes to participate in NJBD athletics. One copy needs to be returned, and one retained at home.

## **COMMON SIGNS AND SYMPTOMS OF CONCUSSION**

- Headache, dizziness, poor balance, moves clumsily, reduced energy level/tiredness
- Nausea or vomiting
- Blurred vision, sensitivity to light and sounds
- Fogginess of memory, difficulty concentrating, slowed thought processes, confused about surroundings or game assignments
- Unexplained changes in behavior and personality
- Loss of consciousness (NOTE: This does not occur in all concussion episodes.)

**NJBD CONCUSSION POLICY:** Any athlete who exhibits signs, symptoms, or behaviors consistent with a concussion shall be immediately removed from the practice or contest and shall not return to play until an appropriate health care professional has determined that no concussion has occurred. (NOTE: An appropriate health care professional may include, licensed physician (MD/DO) or another licensed individual under the supervision of a licensed physician, such as a nurse practitioner, physician assistant, or certified athletic trainer who has received training in concussion evaluation and management.

- a) No athlete is allowed to return to a game or a practice on the same day that a concussion (a) has been diagnosed, OR (b) cannot be ruled out.
- b) Any athlete diagnosed with a concussion shall be cleared medically by an appropriate health care professional prior to resuming participation in any future practice or contest. The formulation of a gradual return to play protocol shall be a part of the medical clearance.

***I HAVE READ THIS FORM AND I UNDERSTAND THE FACTS PRESENTED IN IT.***

SIGNED: \_\_\_\_\_  
(Swimmer)

\_\_\_\_\_  
(Parent or Guardian)

DATE: \_\_\_\_\_

# NJBD Middle School Agreement

The NJBD Swim Season runs from August through January.

We have selected the following options for our membership:

<b>MEMBERSHIP TYPE</b> (Check all that apply)			
		Practices/wk	Fees
	Pre Season Practice (Aug 11-Oct. 10)	2 days	\$ 150
	Swim Team w/Practice	3 days	\$ 275
	Swim Team Meets only (practicing with another team)		\$ 175

I, \_\_\_\_\_ agree to the following:

**Initial Each box below:**

	<p><b><u>PAYMENT OF FEES:</u></b> All fees are due upon registration. The Swim Team fee (non pre-season) covers the Georgia Swimming Registration, team tshirt, and swim cap. The only exception is if your swimmer has chosen Pre Season only to ensure that their skills are ready for the Competitive Middle School Team.</p>
	<p><b><u>EXCESSIVE MISSED PRACTICES:</u></b> Reach out to the coach and keep them informed of any swimmer changes (health or otherwise). This impacts the team’s ability to compete in meets, etc.</p>
	<p><b><u>PRACTICE EXPECTATION:</u></b> We expect our swimmer to attend a minimum of 2 practices per week (preferably all three). If schedule changes occur please inform the coach as soon as possible.</p>
	<p><b><u>MEET EXPECTATION:</u></b> Swimmers to show up on time and ready to swim. Food tables will be provided for the larger/longer meets and families are expected to participate in providing items. A sign up genius will be distributed prior to these meets. We ask the team to sit together so the coaches are able to locate them when necessary.</p>

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

\_\_\_\_\_  
Swimmer Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Swimmer Name

\_\_\_\_\_  
Swimmer Name

\_\_\_\_\_  
Swimmer Name

