



2011-2012 Membership Renewal

Checks to be returned (all checks will be cashed after August 1, 2011):

1. Fees Check (either yearly fee or first month fee + BSL Registration Fee) payable to **BSL-Fees**.
2. Escrow Check (\$100/athlete deposit + \$58.00 USAS Registration Fee + VPR Fee) payable to **BSL-Escrow**.
3. EFT Form (Electronic Funds Transfer) if you are not paying via the annual fee* (No voided check needed unless drafting from new account or EFT Form not on file @ BSL office.

Please remember that **ALL outstanding balances** (Program Dues/Fundraising/Worker Points) **MUST** be paid in full and current in order to register for the 2011-2012 swim year.

Re-registration materials are due back to the BSL office no later than **Monday, August 8th** to reserve spot(s) on the team. Open registration for new families will be Saturday, August 13th.



2011-2012 MEMBERSHIP REGISTRATION FORM

Please provide your swimmer's complete name as it appears on their Birth Certificate:

Primary email address for billing statements and newsletter _____

Swimmer # 1 _____ **Nickname** _____ **Birthday** _____ **Sex** _____
First Middle Last

Circle Training Group: **Green Bronze Silver Gold Senior I Senior II**

Circle T-Shirt Size: YL AS AM AL AXL

Swimmer # 2 _____ **Nickname** _____ **Birthday** _____ **Sex** _____
First Middle Last

Circle Training Group: **Green Bronze Silver Gold Senior I Senior II**

Circle T-Shirt Size: YL AS AM AL AXL

Swimmer #3 _____ **Nickname** _____ **Birthday** _____ **Sex** _____
First Middle Last

Circle Training Group: **Green Bronze Silver Gold Senior I Senior II**

Circle T-Shirt Size: YL AS AM AL AXL

Vestavia Hills Resident? YES / NO

COMPLETE SECTION BELOW ONLY IF DIFFERENT FROM LAST YEAR.

Home Phone _____ Cell Phone(s) Father: _____ Mother: _____

Mailing Address _____

City _____ Zip Code _____

Father's Name _____ Mother's name _____

Business Phone _____ Business Phone _____

Email address _____ Email address _____

Employer _____ Employer _____

Occupation _____ Occupation _____

Parent address: If different from swimmer

Address _____

If you are unsure of which group your swimmer should be in, contact your coach today.



Dues and Fees

Acknowledgment of Member Obligations

Swim Year September 1, 2011 through August 31, 2012

CONTINUED

PROGRAM DUES	#1	#2	#3	FUNDRAISING*	WORKER POINTS	REGISTRATION FEE	ESCROW
METHOD	ANNUAL	EFT	Multi-Family	Note 1	Note 1	CHECK #1	CHECK #2
PAY SCHEDULE	Includes 3% OFF Due by 9/17/10	10 MONTHLY TRANSACTIONS	MO./ANNUAL PER SWIMMER 3 rd + swimmer lowest grp level	(PRE-PAID 10% OFF due in total 10/1/10)	OBLIGATION IS PER FAMILY, HIGHEST GROUP LEVEL	WITH FEES CHECK	THIS FEE IS PER SWIMMER
GREEN	\$679	\$70	\$63 (\$630)	\$150 (\$135)	NONE	\$125	\$158 + VPR FEE
BRONZE	\$776	\$80	\$72 (\$720)	\$250 (\$225)	150	\$125	\$158 + VPR FEE
SILVER	\$970	\$100	\$90 (\$900)	\$350 (\$315)	300	\$125	\$158 + VPR FEE
GOLD	\$1,261	\$130	\$117(\$1,170)	\$350 (\$315)	300	\$125	\$158 + VPR FEE
SENIOR I	\$1,407	\$145	\$131(\$1,310)	\$350 (\$315)	300	\$125	\$158 + VPR FEE
SENIOR II	\$1,601	\$165	\$149(\$1,490)	\$350 (\$315)	300	\$125	\$158 + VPR FEE

NOTE: *50% OF FUNDRAISING AMOUNT SHOWN IS DUE BY DECEMBER 15TH WITH ANY OUTSTANDING BALANCE TO BE INCLUDED IN THE JANUARY EFT; BALANCE DUE BY MAY 15TH WITH ANY OUTSTANDING BALANCE TO BE INCLUDED IN THE JUNE EFT. OBLIGATION IS PER FAMILY; HIGHEST GROUP LEVEL.

****Vestavia Hills Park and Recreation (VPR) Athlete Fee - Vestavia Resident - \$20.00 or Non-Vestavia Resident - \$40.00 per swimmer**

TRAINING GROUP FEES ACCT	NUMBER OF SWIMMERS	MONTHLY DUES	TOTAL
GREEN		X	=
BRONZE		X	=
SILVER		X	=
GOLD		X	=
SENIOR I		X	=
SENIOR II		X	=
Total Monthly Dues			=
(Be sure to use Column #3 above on 3rd+ swimmers)			
Pre-paid Annual dues			=
Reg Fee per swimmer		X \$125.00	=
GRAND TOTAL			=

ESCROW ACCT	NUMBER OF SWIMMERS	COST PER SWIMMER	
Meet Fees Deposit		X \$100.00	=
VPR Fee - above**		X	=
USA-S Reg. Fee		X \$58.00	=
Total Escrow Deposit			=
\$10 per swimmer coaches' travel fee charged for away meets.			

Worker Points	(HIGHEST LEVEL TRAINING GROUP)	=	
Fundraising	(HIGHEST LEVEL TRAINING GROUP)	=	

This Dues & Fees page is herewith incorporated and made a part of the BSL Acknowledgement of Member Obligations

Member Signature



Authorization for Participation and Medical Services

(This authorization must be completed for **each** minor participant)

I hereby represent that I am a legal parent or legally appointed guardian of the below named individual and that the named individual is under the age of nineteen (19) years. **I herewith give consent to Birmingham Swim League (BSL) or its medical representatives to obtain for the below named individual emergency medical treatment and services from any licensed physician, hospital, or clinic for injuries or illness associated with activities arising from participation in BSL, including, but not limited to practice, team events and activities, and competition in swim meets.**

I further understand that in no event will BSL, its officers, directors, employees or agents, be held liable for any first aid or emergency medical treatment or services performed pursuant to this authorization.

I further represent that I will guarantee and otherwise be responsible for any costs, charges or expenses associated with providing these medical services or treatment to the named participant. I agree to indemnify and hold harmless BSL from any claim, cause or action against it for payment of medical services or treatment provided pursuant to this authorization.

I understand that I am responsible for making sure that the below named individual does not attend or participate in any BSL activity if he/she is not in good physical condition prior to the commencement thereof.

Participant Name (please print) **Date of Birth**

Please list all known allergies and other conditions that the coaching staff should be made aware: *This includes but is not limited to any chronic medical condition that the participant may be under a Physician's care and any medications taken for treatment!* (For example; Asthma, Diabetes, Arthritis, etc.)

Health Insurance:

Company Name

Name of Insured or Policy Holder Policy and/or Group Number

Emergency Contact: **(Please include Area Code)**

Name Relationship Phone Cell

I acknowledge and I am aware that certain dangers and risks of personal injuries exist by participating in activities associated with competitive swimming. I assume these risks and dangers to the above named individual and hereby give my permission for him/her to participate in any and all BSL activities including, but not limited to practice, team events and activities and competition in swim meets.

Parent/Guardian Signature Relationship

Parent/Guardian Name (please print) Date



Authorization for Participation in EFT

Authorization Agreement for Direct Debit (ACH Debits)

Name _____
(Please print)

I hereby authorize **Birmingham Swim League (BSL)** to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my:

- SAME ACCOUNT NUMBERS AS LAST YEAR**
 - Checking Account
 - Savings Account
 - Other _____
- (Please select one)**

Financial Institution _____
 Branch _____
 City _____ State _____ Zip _____
 Transit/ABA No. _____ Account No. _____

***** (a voided check **MUST** be attached – **DO NOT** use a deposit ticket) *****

The monthly debit will occur on the 10th of each month or, if the 10th falls on a non-scheduled banking day, the next business day thereafter.

This authority is to remain in full force and effect until BSL has received 60 days advanced **written notification** from me of it's termination in such manner as to afford BSL and the Financial Institution a reasonable opportunity to act on it.

Date _____

Signature _____

Returning swim families will only write two checks at registration, "BSL-Registration fees" and "BSL Escrow".

Your monthly dues transaction will begin on September 10th and continue monthly as defined by Dues & Fees, page 5.



BSL NEEDS YOUR TIME AND TALENTS

CONTINUED

Swimmer's name(s) _____ Age(s): _____

Parent's Name(s) _____

Phone (Daytime #) _____ Night time # _____ Email: _____

Meet Jobs – check every area of interest

- ____ 1. Timer
- ____ 2. Runner (take things from one place to another during the meet)
- ____ 3. Hospitality (meals for Coaches & Officials) / Awards (put labels on ribbons and medals)
- ____ 4. Concessions
- ____ 5. Clerk of Course (help line up the swimmers)
- ____ 6. Setup and Takedown (before and/or after a Wald Park meet)
- ____ 7. Plan/help with team or group spirit building socials.
- ____ 8. Announcer
- ____ 9. Certified Official
- ____ 10. Train to become a Certified Official
- ____ 11. I know how to use Meet Manager for computer scoring the meet.
- ____ 12. I know how to use Meet manager to set up and put in entries for a meet.
- ____ 13. I know how to run the Colorado Swim 5.
- ____ 14. I know how to electronic judge.
- ____ 15. I have computer or math skills and would like to learn one of the previous four jobs
- ____ 16. Publish the newsletter and/or help with media publicity.
- ____ 17. Train to become Meet Director or Co-Meet Director.

Committee Membership – check every area of interest

- ____ 18. Communications
- ____ 19. Hospitality / Concessions
- ____ 20. Welcome Wagon / Adopt-a Family
- ____ 21. Public Relations
- ____ 22. Fundraising - Corporate
- ____ 23. Fundraising - Internal
- ____ 24. Facilities – Wald Park
- ____ 25. Annual BSL Banquet
- ____ 26. Officials
- ____ 27. Electronic Meet Operations

Other Talents you would like to offer:
