Manta Ray Aquatics Membership Agreement

New families must fill out and sign all pages. Be sure you put your correct email on the form. This is the main way we contact you with any last minute practice changes. Middle names are required for your swimmers USA Swimming registration. Be sure to put them on this membership agreement.

REGISTR/	ATION INFORMATION	
FAMILY NAME:		
Last	Parent/Guardian	Parent/Guardian
Allow family information to be shared in a member directory (swimm	ners name, parents name, email. phone number): Yes	No
ADDRESS:		
PHONE:		
HOME	Father/Guardian Cell	Mother/Guardian Cell
Email REQUIRED:		
SWIMMER #1		
NAME:		
LAST	MIDDLE	FIRST
BIRTHDAY:	AGE:	
School Attending		
School Attending: SWIMMER #2		
NAME:	MIDDLE	FIRST
		FIRST
BIRTHDAY:	AGE:	
School Attending:		
SWIMMER #3		
NAME:		
LAST	MIDDLE	FIRST
BIRTHDAY:	AGE:	
School Attending:		

Feel free to add any siblings that may swim at a later date. Just mark them with an **.

MEDICAL INFORMATION AND EMERGENCY RELEASE

Sw	vimmer #1
Na	me:
1.	In the space provided below, list any pertinent health or medical information and instructions or special problems. (Allergies, drug allergies, asthma, prescriptions. If swimmer has an inhaler or Epi-Pen, please list where they will be if a parent will not be on deck with the swimmer)
	(initial) Label Epi-pen and Inhaler. Notify coach daily to location of noted medication.
 fur	(initial) Parents/Guardian/Caretakers are responsible to monitor food allergies at team actions.
2.	Aside from yourselves, (the parents of the Athletes), please indicate an emergency contact that the coaches can contact in case of an emergency:
NAN	ME PHONE
Sw	rimmer #2
Na	me:
3.	In the space provided below, list any pertinent health or medical information and instructions or special problems. (Allergies, drug allergies, asthma, prescriptions. If swimmer has an inhaler or Epi-Pen, please list where they will be if a parent will not be on deck with the swimmer)
	(initial) Label Epi-pen and Inhaler. Notify coach daily to location of noted medication.
 fur	(initial) Parents/Guardian/Caretakers are responsible to monitor food allergies at team actions.
Sw	vimmer #3
Na	me:
4.	In the space provided below, list any pertinent health or medical information and instructions or special problems. (Allergies, drug allergies, asthma, prescriptions. If swimmer has an inhaler or Epi-Pen, please list where they will be if a parent will not be on deck with the swimmer) (initial) Label Epi-pen and Inhaler. Notify coach daily to location of noted medication. (initial) Parents/Guardian/Caretakers are responsible to monitor food allergies at team functions.

USA Swimming Registration

We are members of USA Swimming and since they provide our insurance, all MRA swimmers must become members of USA Swimming (USAS) as well. The yearly membership fee is adjusted every year and posted on the USA Swimming form. To become a member of USAS for the first time, you will need to complete the USAS Swimming Athlete Registration Form, bring the form and **swimmers original birth certificate or passport** (just temporarily for MRA to validate the swimmer's age) to the pool, you will be given another form and will be responsible for mailing it to the San Diego-Imperial Swim Office within 2 weeks of MRA registration. After two weeks, your swimmer will not be permitted to return to practice until they have their USA Swimming card. Annual renewals do not require showing proof of age.

New Members:	
I understand that I am responsible for e weeks of registering with Manta Ray Aqua	enrolling my swimmer(s) with USA Swimming within 2 atics.
Signature:	Date:
Annual Renewal:	
I understand that in order to remain sw swimmer(s) with USA Swimming before 1	rimming with MRA, I am responsible for enrolling my 2/31 every year.
Signatura:	Data

Waiver/Release of Liability

PLEASE READ CAREFULLY BEFORE SIGNING.

parent/guardian/caretaker of the participant a hazardous activity. I recognize that there are concluding but not limited to, injuries and death. The Manta Ray Aquatics swim team and here Aquatics swim team, Grossmont Unified High Scoaches, instructors, officers, directors, board reliability resulting from injury that may occur to activities, while at the pool, outside the pool of Aquatics. The participant authorizes any representave the participant treated in any medical emergarticipant and/or parent/guardian/caretaker agricare and transportation for the participant. It medical/health problems of which staff should supervise swimmers when they are outside of the and off the pool deck.	agree and understand that swimming is pertain risks inherent in the sport of swimming the participant hereby agrees to participate with a grees to hold harmless the Manta Rachool District, Cajon Valley School District, it members, agents and employees against and the participant while engaged in any tear or any other site being utilized by Manta Rachatative of the Manta Ray Aquatics swim team the greency during their participation. Further, the ees to pay all costs associated with medical release form and be aware. Parents/guardian/caretaker must
I HAVE CAREFULLY READ THE ABOVE LIAI KNOWLEDGE OF ITS CONTENTS AND SIGNIF	
Signed:Parent/Guardian if participant is under 18	Date:
Swimmers Names:	
Name:	Age:
Name:	Age:
Name:	Age:

Photograph Release

I hereby authorize Manta Ray Aquatics to publish photographs taken at a team event of myself and/or the minor child or children listed below for use on the MRA website, social media, such as Facebook and Instagram, or marketing materials, as well as other team publications.

I hereby release and hold harmless MRA from any reasonable expectation of privacy or confidentiality for myself and for the minor child and children listed below associated with the images specified above. Parents/guardians/caretakers are responsible for removing swimmer from any group photo, if they do not want the swimmer in a posted picture.

Name:	Date:
Signature:	
Swimmers Names:	
Name:	Age:
Name:	Age:
Name:	Age:
I do not give permissi	on for my child(s) picture to be used on the MRA website.

I understand that in group shots or team shots with more than 2 people that may be unavoidable, but every effort shall be made to ensure the privacy of my child or children. Please make sure your swimmer is aware that they are not to be in team photos. Swimmers will need to excuse themselves from photos or videos.

Billing/Payment Policies

Once you have completed the on-line registration, your account will be placed in "pending approval" status. After the registration is reviewed and approved by MRA staff, your account will be placed in "active" status and you will receive email instruction on how to access your new account. Each family will have access to their swimmers account through the team website 24/7. It is the member family's responsibility to check their account on a regular basis and ensure that it remains current. We do not pro-rate monthly swim fees. Monthly fees are required of all swimmers and they cannot be pro-rated based upon attendance. If your swimmer swims one day in any given month you are responsible for fees for that month. If a new swimmer registers on or after the 15th of the month, the monthly swim fees for that month will only be 1/2 of the standard fee.

Swim fees are invoiced once per month. Account payments are due on the first of the month and are late after the 12th of the month.

Checks and cash are the accepted form of payment by the team at this time. Please put what the payment is for in the memo line of the check.

Past Due Accounts

An account will be past due on the 12th of the month and will be assessed at \$15.00 late fee. Accounts that are more than 40 days delinquent will be suspended. Swimmers with suspended accounts may not train, compete or participate in team activities.

Termination of Membership

You must provide notification of termination 30 days in advance. We assume swimmers are continuing with our program all year and will bill your account accordingly unless we receive proper notification. You can email your termination notice.

High School Swimmers

During high school swim season, high school swimmers who are on the high school swim team will be granted a leave of absence and will not be charged monthly dues until they return to MRA. Please notify MRA if you will be exercising this option so you will not be billed.

I have read and understand the Billing/Payment policies of Manta Ray Aquatics and agree to follow them.

Signature:	Date:
Printed Name:	

Additional Fees

Fundraising

Manta Ray Aquatics is an organization funded by member dues and fundraising. It is every member family's responsibility to help with fundraising each year. Each swimmer is responsible for raising a set amount of funds, in addition to dues, to ensure all members of the team are doing their fare share to help maintain the financial stability of the team. Numerous fundraising opportunities exist, and we are always open to new fundraising ideas. Each fundraiser will have a minimum "buy out" donation amount. The minimum fundraising requirements per year (October to September) are:

One swimmer - \$125 Two swimmers (same family) - \$150 Three swimmers (same family) - \$175

Any family that has not met the minimum fundraising requirement by December 31st will be billed for the remaining balance.

Meet Surcharges

As a competitive swim team, Manta Ray Aquatics hosts swim meets every year. On the months the team hosts a USA Swimming sanctioned meet, your account will be charged \$10.00 for one swimmer or \$15.00 for two or more swimmers. This fee is to alleviate snack bar costs. There is also a fee added to every meet. The fees range from \$5.00 to \$10.00 per meet, depending on meet level and distance traveled.

Meet Entries

All USA Swimming sanctioned meets have additional costs. If your swimmer enters a meet, you will be responsible for their entry fee. All meet fees paid after the due date will be charged a \$25.00 late fee.

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Signature:	Date:	

PARENT VOLUNTEER POLICY

Parent volunteers are essential to the success of any team. In order for swim meets to run efficiently and to ensure coaches can focus on the swimmers and not empty volunteer positions, MRA requires the help of every family. Therefore, every family is required to volunteer for a minimum number of volunteer hours per year. We have broken the hours up into six month segments.

Jan-June & July-Dec

Novice - 2 hours per 6 months

Level 1 - 3 hours per 6 months

Level 2 - 4 hours per 6 months

Elite 3 - 5 hours per 6 months

Available hours will be posted to the MRA website as needed and parents will receive an email notifying them that the Job Assignment is available. It is your responsibility to sign up for volunteer hours. All volunteer hour sign ups are first come first serve. Always include a phone number where you can be reached the day of the volunteer hours when you sign up online. It is your responsibility to check in before your scheduled time slot.

We will have several volunteer opportunities during the six month time frame. For example, MRA hosted meets. There are dozens of volunteer spots available during MRA meets. We will also have hours available during hot cocoa nights, birthday nights, team canopy transportation, summer league, and other jobs as needed. Timing for your child, at a swim meet, does not count toward your volunteer hours, as timers are needed at all meets and the responsibility of the meet entrants families.

Penalty Fees:

If you do not sign up to fill your volunteer hours before the end of the six months, you will be charged the **Non-Compliance Fee** (NCF) of \$50 per hour. If you sign up for a position and fail to show up for your shift and have not made arrangements for a replacement, you will be charged the **No-Show Penalty Fee** (NSF) of \$100 per hour missed.

All fees will be reflected on your monthly MRA statement. The purpose of this policy is to help evenly distribute the volunteer efforts required across all families so that all parents can enjoy watching their child(ren) swim.

If we do not host a meet during the six month period, we will reevaluate the required hours.

Please understand, we DO NOT want your money, we need your time. MRA

Signature: Date:	