PARKS & RECREATION
City of Fort Lauderdale

PARKS AND RECREATION AQUATIC PROGRAM REGISTRATION FORM

(Staff Entry: _____)

PAYER (Please Print) _____
Last Middle First D.O.B.

ADDRESS _____
Street Apt. # City State Zip

_____ _____ _____
Primary Phone Payer Email Address **REQUIRED** USMS / USA-S / USA-D Athlete #

EMERGENCY CONTACT _____ _____ _____
Name Phone Relationship

_____ _____ _____
Mother's Name (If Participant is under 18) Email Phone

_____ _____ _____
Father's Name (If Participant is under 18) Email Phone

Participant Name (first,middle,last)	**Gender**	**D.O.B.**	**Program**	**Fee**
				$
				$
				$
				$

OFFICE USE ONLY

□ SFTL Age Group Swim Team □ SFTL Masters Swim Team □ SFTL Seahorse Pre-Competitive □ SFTL Private Asst. Coaching
□ SFTL Private Head Coaching □ FLDT □ FLDT Pre-Competitive □ FLDT Private Coaching □ FLHDT □ FLHDT Private Coaching □ Team Fee
□ Age Group Drop-In □ Masters Drop-In □ Swim Lessons □ American Red Cross Course □ Camps □ Other: _____

Method of Payment: □ Visa □ MasterCard □ AMEX □ Check	Date Received_____ Registered By_____
TOTAL AMOUNT RECEIVED $_____	**Receipt #** _____

LIABILITY WAIVER

I HAVE READ AND UNDERSTAND AND AGREE AS FOLLOWS: In consideration of this registration in the activities provided by the City of Fort Lauderdale.

RELEASE AND WAIVER OF CLAIMS: I, _____, for myself and for my heirs, executors, and assigns, and, if the participant is a minor child, for my minor child or ward and my minor child's or ward's heirs, executors, and assigns do hereby knowingly, freely, and voluntarily assume all risk and liability for any damage or injury to person or property that may occur as a result of my or my child's or ward's participation in activities offered by the City of Fort Lauderdale's (City) Parks and Recreation Department at any City facility or at any other location approved by the City, and do hereby release, discharge, and covenant not to sue, City, and its officers, employees, agents, and volunteers, and do hereby waive and discharge all claims for damages that I or my minor child or ward might have against City, or its officers, employees, agents, and volunteers, for any reason, including any of the released parties' negligence, and agree to indemnify and hold harmless City, and its officers, employees, agents, and volunteers, from and against any and all claims, damages, and judgments, of whatever nature, including attorney fees, that may be asserted or entered against any of them in connection with me or my minor child's or ward's participation in any activity offered by City.

INSURANCE RESPONSIBILITY: I as the participant or the participant's guardian understand that participation may subject the participant to a certain degree of risk to injury and that the City will not be liable for medical expenses or other claims for damages, based upon property damage or personal injury as a result of these activities. Any insurance protection must be obtained by the participant.

PHOTO RELEASE: I hereby grant authorization to the City of Fort Lauderdale to use photographs of myself and/or my child for publicity purposes.

By Signing below, I as the participant and/or the guardian acknowledge that this liability waiver remains in force for the duration of my participation and / or my minor child's / ward's participation in the named activity offered by the City.

_____ _____
Signature of: Participant / Participant's Parent / Guardian **Print Name** **Date**

Swim Fort Lauderdale

Membership Agreement and Payment Obligation

CURRENT YEAR

20_____ to 20_____

1) **MONTHLY WORKOUT FEES:** Billing for monthly workout fees is completed at the end of each month (see "Ways to Pay" form w/ methods of payment). Once billing is completed, you will receive via email, a receipt reflecting the amount remitted as well as any outstanding account balance. If a team member is moved to a different workout group during the year, the household will be billed at the revised monthly rate for the new workout group.

Workout fees are not prorated for partial month's participation unless it is for a team wide break greater than two weeks in length.

2) **ANNUAL USA SWIMMING / US MASTERS SWIMMING MEMBERSHIP FEE:**
MANDATORY FOR TEAM PARTICIPATION & team insurance. An annual USA Swimming membership fee of **$90** (as of 9-2022), is required of all competitive SFTL Age Group team swimmers, & an annual USMS membership fee of **$70** (as of 2022), is required of all SFTL Masters team swimmers - ***both fees subject to change yearly***.

SFTL Age Group team participants must remit USA Swimming member fee at the time of registration w/ SFTL & every October thereafter. SFTL Masters Team participants must remit US Masters membership fee directly to USMS prior to registration w/ SFTL Masters team & must renew their member by every December 31st thereafter.

3) **TEAM MEMBERSHIP FEE:** At the time of registration, swimmers will be charged a team membership fee of $75 per household ($37.50 per household for those joining after June 30). The non-refundable annual team membership fee will be included on the January billing statement each year. This fee **DOES NOT** apply to the SFTL Seahorse Pre-Competitive Group.

4) SFTL is a year-round, competitive swim program. Membership will continue until SFTL receives a "Notice of Intent to Withdraw" Form.

5) **NOTICE OF INTENT TO WITHDRAW: MUST BE** emailed to dthompson@fortlauderdale.gov & are available online at www.swimfortlauderdale.com.

Completed forms must be received **NO LATER** than the 15th of the month to avoid being charged for the following month. Phone and/or email notification, without submission of a completed "Notice of Intent to Withdraw" form, will not be accepted.

Members are responsible for all fees until such time as a completed withdrawal form has been received by the SFTL Admin. Staff. A swimmer who elects to withdraw from SFTL & decides to return to the team within the same year, will be re-assessed the SFTL annual membership fee – no exceptions.

6) **NOTICE OF EXTENDED ABSENCE:** A swimmer may take an extended absence for 1 calendar month or upto 2 calendar months maximum, per 12-month consecutive period. Should an athlete require more than a 2-calendar month extended absence, the athlete will need to withdraw from the program. "Notice of Extended Absence" forms must be emailed to dthompson@fortlauderdale.gov.

Notice of Extended Absence forms must be received **NO LATER** than 15 days prior to the start date of the extended absence. Monthly SFTL dues will be waived only after a completed Notice of Extended Absence form is received, as stated above.

Please note that unless a completed Notice of Extended Absence form is received, SFTL members are responsible for all monthly team dues - no exceptions.

7) **PAST DUE ACCOUNT POLICY**: If a household account is more than 30 days in arrears, all SFLT participants in the household will not be permitted to swim until the balance is paid in full. If a household is 30 days in arrears more than once in a year, payment in full for the remaining year will be required for continued participation.

By joining Swim Fort Lauderdale, you agree to be held accountable for all associated fees, and all policies contained within this member agreement and payment obligation form for the duration of your time as a member of SFTL:

_____ Seahorse $60/mo
_____ Starfish $80/mo

_____ Rising Stars $90/mo
_____ Yellow I $105/mo
_____ Yellow II $110/mo

_____ Blue $120/mo
_____ Senior Bronze I & II $120/mo

_____ Senior Silver $130/mo
_____ Senior Gold $140/mo

_____ Masters 3x/wk. $80/mo
_____ Masters Unlimited $90/mo

_____ Angelfish $40/mo
_____ Angel Stars $40/mo
_____ Angel High School Prep $40/mo

Group changes for the SFTL Age Group Team are implemented by the coaching staff each August.

Signature Print Name Date

PARKS & RECREATION
City of Fort Lauderdale

Office Use Only_____

AUTOMATIC CREDIT CARD PAYMENT AUTHORIZATION FORM:

If you would like the convenience of automatic payment, simply complete and sign this form. The credit card provided will automatically be charged for the amount indicated on your monthly invoice, with the total charges appearing on your monthly installment bill. Charges will be applied to your credit card at the end of each month and will include up to a 3% service fee.

Upon completion and submission of this form, your program fees with the City of Fort Lauderdale Parks & Recreation Department will be paid automatically through your credit card - you will receive a monthly installment bill specifying the fees that have been applied via email. All requested information is required and your credit card information will be destroyed once it has been encrypted into your account.

PAYER *(Please Print)*

_____

First Name Middle Initial Last Name Date of Birth

Billing Address_____

Street Apt. # City State Zip

(_____)_____ _____

Phone Email Address **REQUIRED**

_____ _____

Program Participants Name **Program Name**

I understand that the City's Parks & Recreation Department allows me 30 days to dispute any charges to my credit card account. This authorization will remain in full force until the City's Parks & Recreation Department has received written notification requesting termination. Written notification must be received a minimum of 10 days prior to any scheduled charges applied to your credit card account by emailing ***dthompson@fortlauderdale.gov***

_____

Payer Signature Print Name Date

Office Use Only: Date Entered: _____ Entered By: _____

CREDIT CARD INFORMATION

City of Fort Lauderdale Parks & Recreation Department accepts the following Credit Cards:

Please Select One: ☐ American Express ☐ Master Card ☐ Visa

Credit Card Number: _____ Expiration: _____ Card CVV/CVC: _____

Cardholders Name (exactly as it appears on credit card): _____

SUBMIT COMPLETED FORMS VIA THE U.S. POSTAL SERVICE TO THE FOLLOWING:

City of Fort Lauderdale, 501 Seabreeze Blvd, Fort Lauderdale FL 33316

Please direct any inquiries pertaining to the above to ***Denise Thompson*** dthompson@fortlauderdale.gov

WAYS TO PAY

Swim Fort Lauderdale (SFTL) & Fort Lauderdale Dive Team (FLDT) participants are required to remit payment for monthly participation via one of the following payment methods:

OPTION 1 — AUTOMATIC CREDIT CARD PAYMENT

Enroll in automatic monthly credit card payments; Your credit card is automatically charged when SFTL/FLDT billing is completed each month for training fees.

A. Complete and sign the **AUTOMATIC CREDIT CARD PAYMENT AUTHORIZATION FORM** available at the Admissions Office or team website under the Forms & Payments tab (Visa, MasterCard, AMEX).

B. Submit completed forms via U.S. Postal Service and mail to:

City of Fort Lauderdale – Aquatic Center
ATTN: SFTL/FLDT Team Dues
501 Seabreeze Blvd
Fort Lauderdale FL 33316

OPTION 2 — ADVANCE PAYMENT

Remit payment in full for three (3) months of SFTL/FLDT training fees in advance via one of the following methods:

A. **Via U.S. Postal Service**:

- Check Payable To: City of Fort Lauderdale
- Mail To: City of Fort Lauderdale – Aquatic Center
  ATTN: SFTL/FLDT Team Dues
  501 Seabreeze Blvd
  Fort Lauderdale FL 33316

B. **In Person**:

- At the Admissions Office during during operating hours
- Debit or Credit Card (Visa, MasterCard, AMEX)

For questions or concerns regarding membership accounts, payment and billing, please contact:

DENISE THOMPSON
Phone: (954) 828 – 4589
Email: dthompson@fortlauderdale.gov

CAROL CLIFFORD
Phone: (954) 828-4583
Email: CClifford@fortlauderdale.gov