PLEASANT PRAIRIE PATRIOTS SWIM TEAM PAYMENT AUTHORIZATION FORM

September 1, 2025-April 30, 2026

PARENT/GUARDIAN INFO:

Parent/Guardian First & Last Name:			
Address:	City:	State:	Zipcode:
Primary Phone:	Email:		

SWIMMER'S INFO:

First & Last Name:	Birthdate:	Gender: M/F	HS Swimmer
First & Last Name:	Birthdate:		
First & Last Name:	Birthdate:		
First & Last Name:	Birthdate:		

SEASON FEE: BILLING OPTIONS (CHOOSE ONE): **Season:** September 9, 2025-March 9, 2026

☐ **One Payment in Full (NO REFUNDS):** Your full payment for the season team dues (Sept.-March) will be automatically deducted from your provided tender on September 17, 2025. Billing paperwork submitted late will result in a deduction upon receipt. Participation in post season will result in a monthly billing to the tender provided.

☐ **Monthly Payments:** The first monthly deduction of team dues will occur on September 17, 2025. Team dues will be automatically deducted from the tender provided on the 2nd of each month beginning October 2, 2025. Billing paperwork submitted late will result in billing upon receipt for any past due or future team dues.

The following billing dates will cover meet fees, coaching fees, registration fees,USA swimming fees and any additional team dues and travel fees.

Short Course Season 2025/2026: Oct. 2/ Nov. 2/ Dec. 2/ Jan. 2/ Feb. 2/ March 2/April 2
Coaching Meet Fee: All meets attended will have a $20 per athlete team charge applied to offset coaches costs at meets.

CREDIT CARD OPTION:

Card Type (Choose one): ☐ Visa ☐ MasterCard ☐ Discover ☐ AMEX	Financial Institution Name (Bank name on card):	
Card Holder Name:	Credit Card #:	Expiration Date:
Card Holder Billing Address:	City:	State: Zipcode:
Primary Phone:	Email:	

☐ Current swim team billing families/participants, with billing tender specific to swim team billing on file, may check this box and continue using the tender on file. Note the current tender must be active and valid or a $25 administration fee per participant will be charged. If you question your tender on file complete the credit card information and submit again. This option is not available for new families/participants.

☐ I understand that it is my responsibility to ensure the account information is correct on this document and it is my responsibility to fill out a new form if my billing information changes. This authority is to remain in effect and regular automatic deductions shall continue until a Swim Team Automatic Payment Cancellation Request is submitted or end of course season. Please submit new EFT to **recplexbilling@pleasantprairiewi.gov.**

☐ I understand I am liable for any uncollected payment and for any fees or penalties imposed by the RecPlex or my financial institution related to any uncollected payment.

☐ I understand that I am responsible for ensuring that the account designated above has sufficient funds on my automatic payment date and up to 5 business day after that date, to allow for the automatic deduction of my payment.

☐ I understand I am responsible for all charges incurred, including but not limited to, swim team dues, membership dues, or meet fees. I understand that my tender on file will be used to pay all fees/charges incurred.

☐ I understand that if I chose the pay in full option and pay for the season fees in full, I am still responsible for any additional fees including but not limited to membership dues or meet fees. I understand that my tender on file will be used to pay all fees/ charged incurred.

☐ I understand my automatic payment date will typically occur on the second of each month, excluding the billing dates for additional fees accrued.

☐ I understand that my bank statement will typically show the amount and the date payment was made to the RecPlex.

☐ I understand fees outside of the standard monthly team fees will be charged monthly regardless of my team status.

☐ I understand that I will still be charged, regardless of attendance and whether or not practices are attended. There are no refunds for missed practices.

☐ I understand that I will receive written notice in advance of any change in the date of my automatic deduction or any change in the amount due and I understand that the RecPlex will cancel my participation in this plan if they are unable to collect any payment due.

☐ **Cancellation Policy:**
There is a cancellation request requirement. The cancellation must be emailed to **recplexbilling@pleasantprairiewi.gov** and **recplexaquatics@pleasantprairiewi.gov.** Do not tell the coach or email the aquatics department. There will be no refund given if a swimmer drops out before the end of the billing cycle. Accounts can be put on hold for long term medical reasons (documentation may be requested) or if a swimmer is required to stop club swimming due to high school sports.

Should a swimmer decide to leave the Swim Team, the Team Administrator and Billing Department must be notified in writing by emailing recplexaquatics@pleasantprairiewi.gov and recplexbilling@pleasantprairiewi.gov. Cancellations must be submitted by the 19th of the month prior. Cancellations will result in the following payment requirements in order to successfully cancel: September 19th=25% of the remaining team dues; October 19th=25% of the remaining team dues; November 19th=50% of the remaining team dues owed; December 19th=100% of the remaining team dues owed.

If a swimmer leaves the team during season or for a season, they will need to go through the official evaluation process if they wish to return to the team. There is no guarantee a spot will be available, and spots are not saved for swimmers wishing to take a break.

☐ I have read and understand this document.

Print Name:

Signature:

Date: