

# Coach On Deck Swimming

## Winter/Spring 2010 SESSION REGISTRATION

*(Please print, complete & fax or mail this form to the address below)*

Parent's Names: \_\_\_\_\_

Address: \_\_\_\_\_

(City) \_\_\_\_\_ (ST) \_\_\_\_\_ (ZIP) \_\_\_\_\_ Phone: \_\_\_\_\_

Dad Work Phone \_\_\_\_\_ Dad Cell \_\_\_\_\_ Dad E-Mail \_\_\_\_\_

Mom Work Phone \_\_\_\_\_ Mom Cell \_\_\_\_\_ Mom E-Mail \_\_\_\_\_

In consideration of my child's participation in a Coach On Deck Swimming program, I will be legally bound, do hereby for myself, children, heir, executors, administrators, and assigns waive, release and forever discharge any and all rights and claims for damages which may be sustained and suffered by my children in connection with my travel to and from or participation in any and all activities of Coach On Deck Swimming, including but not limited to all swim sessions, swim meets and meetings.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**No child will be allowed to swim without a signed registration form on file. Prior session consent does not apply to current session.**

Swimmer # 1: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Program: \_\_\_\_\_ Practice Days-Times: \_\_\_\_\_

Swimmer # 2: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Program: \_\_\_\_\_ Practice Days-Times: \_\_\_\_\_

Swimmer # 3: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Program: \_\_\_\_\_ Practice Days-Times \_\_\_\_\_

If more than three swimmers, please use a second form and change Swimmer Number(s) to appropriate number.

Swimmer #1 \_\_\_\_\_ Payment Plan 1 or 2 \_\_\_\_\_ Cost: \_\_\_\_\_

Swimmer #2 \_\_\_\_\_ Payment Plan 1 or 2 \_\_\_\_\_ Cost: \_\_\_\_\_

Swimmer #3 \_\_\_\_\_ Payment Plan 1 or 2 \_\_\_\_\_ Cost: \_\_\_\_\_

Quince Orchard Swim Club Fee of \$35.00 per each child registered: \_\_\_\_\_

(see our website for further info on this QO Fee)

Plan 1 = Pay deposit of \$100 + \$35 pool Fee per child with Registration - pay balance by 2/15/10.

Plan 2 = Pay deposit of \$100 + \$35 pool Fee per child with Registration - pay 3 payments 2/15/10, 3/15/10, 4/15/10.

Total Cost: \_\_\_\_\_

**We accept: Visa or MasterCard or Discover Please underline or circle card being used.**

Credit Card #: \_\_\_\_\_ Validation Num: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

(The Visa/MasterCard/Discover Card validation number is the last three numbers in the signature area on back of the card.)

Please see information on our website at [www.coachondeck.com](http://www.coachondeck.com) regarding credit card payments.

Amount: \_\_\_\_\_ Name on card \_\_\_\_\_

**If paying by credit card—you may fax your form to us at 301-738-8833 or send to:**

**If paying by check - send this form along with payment to: Coach On Deck Swimming, P.O. Box 83525, Gaithersburg, MD 20883**

# Swim Schedule Winter/Spring 2010

DAY	SENIOR TEAM	JUNIOR TEAM	- CLINICS - BEGINNERS ADVANCED
<b>Sunday</b>	5-6pm FULL 6-7pm	4-5pm FULL 5-6pm FULL 6-7pm	4-5pm FULL 5-6pm FULL
<b>Tuesday</b>	7-8pm	7-8pm	
<b>Wednesday</b>	5-6pm	5-6pm	5-6pm
<b>Thursday</b>	7-8pm	6-7pm 7-8pm	6-7pm
<b>Friday</b>	4-5pm	4-5pm	



# Policies

**Make-up Policy** - Swimmers in Team and Clinic programs may make up a missed practice during their current session. You must call the CODS office first. Make-ups may not be made in the next session. A swimmer may not make up a practice by attending a practice in a different program without express permission from the CODS office (i.e., a Clinic swimmer may not make up a missed practice at a Team workout).

**Winter/Spring 2010 Refund Policy** - Requests for refunds (pro-rated) will be granted prior to February 15, 2010 for all programs. After February 15, 2010, **NO REFUNDS WILL BE GRANTED**, and you will be billed for the remainder of outstanding payments, regardless of whether or not your child continues to swim with us.

**Cancelled Practice Policy** - In the event of thunder or other severe weather (heavy snow), the pool will close. Additionally, be aware that the pool must also close, according to county health code, in cases of vomit or defecation in the water. When we have to cancel practice, both our website and our office voice mail will be updated as soon as possible to reflect this change. If we have ample notice of an unforeseen (not weather-related) closing (i.e. pool closes at 3pm and practice begins at 7pm), we will make every effort to notify you.

If the pool closes due to weather circumstances (thunder, lightning and/or high winds) or has delays, it is your responsibility to contact us (via phone or Internet) to find out if practice has been cancelled.

We do not follow Montgomery County School closings. Please consult our web page or phone message for actual weather related schedule.

Please be patient and expect to have a few cancelled practices here and there. Refunds will **NOT** be issued for cancelled practices unless the number of practices cancelled becomes excessive.