Please keep this page for your Records!

Sparks Piranhas Aquatics

Fee Schedule

This first week is free. All registration forms and the following payments are due at the beginning of your second week:

Monthly Dues – *Per swimmer* $_____ (Group_____)

- USA Swimming (purchased online, separately)
- Spirit Pack ($375), which includes:
  - Sparks Piranhas Cap
  - Sparks Piranhas Towel
  - Team Mesh Equipment Bag
  - Pair of Goggles
  - Team Sticker
  - Team Shirts
  - Team Swim Bag
- Additional Items Needed:
  - Snorkel (+$35) – All Groups, except Yellow & Yellow Adv.

It is your responsibility to purchase a Sparks Piranhas Swimsuit and Fins via our team store on SwimOutlet.com. Suits for practice need to be Black and/or Yellow. The Sparks Piranhas suit can be worn at practice and/or swim meets.

Monthly fees are for the current month are billed on the 1st of each month. For example, September fees are due on September 1st. Please make sure to have a current payment method on file for automatic billing.

If you need to take a month off, YOU MUST notify the Billing (billing@sparkspiranhasaquatics.com) in writing by the **15th of the month *prior* to the month off**. For example, if your swimmer is taking November off, the Bookkeeper must be notified by October 15th. Notification after the 15th of the month will constitute a full charge to your account.

Your **contract** with the Sparks Piranhas is a year-long contract, and all dues are paid in full each month; however, in the event you should need to miss practices for a month (up to 3 months), we will reduce your monthly dues for ONE MONTH to 25%. Additional months (up to 2 additional) you will be billed at a rate of 50% to hold your spot. When you return full-time, your dues will be at the normal rate.

Additional fees that *may* appear on an invoice or sales receipt:

- Equipment purchased on the team store, etc.
- Meet Fees – billed in addition to any meet signed up for:
  - $20.00 Tri-County/Local Meets (per family)
  - TBD All other meets
- *A Processing Fee* will be charged annually in August

Becky Hubert, 775-690-9126 or Kati Dawson, 775-544-1072 cell

Becky's contact information: evaluations@sparkspiranhasaquatics.com
Tracy, Billing contact information: billing@sparkspiranhasaquatics.com
Kati, Communications contact Information: communications@sparkspiranhasaquatics.com

Sparks Piranhas Aquatics
Monthly Dues

Start Date:

Group	Monthly Dues	Group	Monthly Dues
Tier I		**Tier II**	
Yellow	$150	Black	$175
Yellow Advanced	$160	Bronze	$180
Tier III		Silver	$185
Senior I	$185	**Tier IV**	
Senior II	$190	Elite II	$205
Elite I	$195	Varsity	$210
Gold	$200	Varsity+	$225

Monthly fees (above) for the current month are due in advance on the 1st of each month. For example, September fees are due on September 1st. Please make sure to have a current payment method on file for automatic billing.

If you need to take a **month off**, YOU MUST notify the Bookkeeper (billing@sparkspiranhasaquatics.com) by the 15th of the month *prior* to the month off. No discounts for days off or partial months.

Your **contract** with the Sparks Piranhas is a year-long contract, and all dues are paid in full each month; however, in the event you should need to miss practices for a month (up to 3 months), we will reduce your monthly dues for ONE MONTH to 25%. Additional months (up to 2 additional) you will be billed at a rate of 50% to hold your spot. When you return full-time, your dues will be at the normal rate.

I have carefully read the Fee Schedule and Monthly Dues forms and agree to complete the payments laid forth therein. I understand that if I fail to make these payments in full, I/my swimmers/my family's team membership may be suspended at the Sparks Piranhas Aquatics.

_____ _____

Parent/Guardian Signature (or swimmer if over 18 years old) Date

Sparks Piranhas Aquatics Payment Options Form

Name of Swimmer(s): _____

All payments are due by the 1st of the month for the upcoming month. Invoices will contain monthly dues, any meet fees accrued, equipment, etc.

☐ **Enroll in Autopay.** I understand the bank/card I provide will be charged on the 1st of each month and that it is my responsibility to notify billing if my bank account or card number needs to be updated. A sales receipt with the charges will be sent to your e-mail on file on the 1st.

Signature: _____ Address: _____

Bank Draft Option:

Circle One: Commercial or Personal Circle One: Checking Account or Savings Account

Name on Account: _____

Address (if different than on file): _____

Routing #: _____ Account #: _____

Credit Card Option:

Name on Card: _____ Zip Code _____

Address (if different than on file): _____

Card Number: _____ CVV _____ Expiration Date: _____

_____

RELEASE AND INDEMNIFICATION AGREEMENT

In consideration of _____ (swimmer, hereafter "Participant") being permitted to participate on the Sparks Piranhas Swim Team (hereafter "Institution") and to use the program's facilities and equipment, I hereby accept all risk to Participant's health and of his/her injury or death that may result from such participation. I hereby release the above name Institution, its governing board, officers, employees, and representatives, estate, heirs, next of kin, and assigns for any and all claims and causes of action for loss of or damage to Participant's property and for any and all illness or injury to Participant's participation in the Activity, whether caused by negligence of the Institution, its governing board, officers, employees, or representatives, or otherwise. I further agree to indemnify and hold harmless the Institution and its governing board, officers, employees, and representatives from liability for the injury or death of any person(s) and damage to property that may result from Participant's negligent or intentional act or omission while participating in the described Activity.

I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND IT TO BE A RELEASE OF ALL CLAIMS AND CAUSES OF ACTION FOR PARTICIPANT'S INJURY OR DEATH OR DAMAGE TO PARTICIPANT'S PROPERTY THAT OCCURS WHILE PARTICIPATING IN THE DESCRIBED ACTIVITY AND IT OBLIGATES ME TO INDEMNIFY THE PARTIES NAMED FOR ANY LIABILITY FOR INJURY OR DEATH OF ANY PERSON AND DAMAGE TO PROPERTY CAUSED BY PARTICIPANT'S NEGLIGENT OR INTENATIONAL ACT OR OMISSION.

Parent/Guardian Signature	Relation to Swimmer	Date
Witness Signature	Coach or Team Rep	Date

MINOR MODEL RELEASE FORM

I, _____, as parent or legal guardian authorize to photograph (list swimmers below) during swim meets, practices, or team functions for the purpose of promotion of Sparks Piranhas Swim Team.

PROMOTIONAL USE:
I authorize that photographs referred to in this document may be used for promotional purpose by Sparks Piranhas Swim Team, including its website, newsletters, and social media accounts.

Parent/Guardian Signature	Relation to Swimmer	Date

Swimmer's Name	Swimmer's Name
Swimmer's Name	Swimmer's Name

PARENT CODE OF CONDUCT

The Sparks Piranhas Swim Team works to establish and maintain a positive family environment for our kids. In order to obtain this goal, a Parent Code of Conduct has been developed that must be signed an adhered to by each family. We are striving to achieve a very positive reputation of our team and the athletes that swim with the Sparks Piranhas. The staff feels that parents' behavior can negatively influence our reputation in the community and take away from our goals for our athletes.

As a parent, you agree that the swimmers on the Sparks Piranhas Swim Team are swimming to attain goals and it is our job as parents to support and assist our swimmers in reaching their goals. We as a team encourage our parents and other team members to cheer for our swimmers with enthusiasm and encouragement. **In addition, to support our swimmers at swim meets it is expected that ALL parents will volunteer timing shifts at each day and session of each swim meet your swimmer attends.**

In order to maintain this environment, at no time should a parent talk in a derogatory manner to or about a swimmer. Yelling at a swimmer in any way will not be tolerated, even if the swimmer is your child. (Remember if you are mad at your child, no one else should know or be involved.) With this being said, under no circumstances should a parent use profanity while in the presence of the pool, either at practice or at a meet. Profanity at any time is not acceptable and will not be tolerated. You will be asked to leave immediately if you are heard using profanities and your child may be required to miss out if there is no one able to watch and help your child. We do not want our kids thinking this is acceptable. As we verbalized before, this would not be considered positive for the swimmers or the team.

This code of conduct will be strictly enforced in order to maintain a positive and cohesive swim team. If you choose not to abide by the code of conduct set forth here, immediate dismissal from the Sparks Piranhas Swim Team will occur without refund of any dues paid. If a family is released from the team due to unacceptable behavior, the family will be allowed to ask for one re-admittance onto the team as long as all fees are paid and it is believed that the family will work to maintain this Code of Conduct. If the family chooses not to return to the team, the contract signed at the beginning of the swim year will be negated and the family will be relieved of all further financial obligations.

This Code of Conduct will be strictly enforced in order to maintain one of the major goals of the Sparks Piranhas Swim Team: Providing a positive and safe environment for our swimmers.

By signing below, you agree to abide by the Code of Conduct set forth above.

_____ _____

Parent/Guardian Signature Date

☐ I've read the concussion information paperwork included in this packet. _____ (Initials)

SWIMMER CODE OF CONDUCT

As a member and swimmer of the Sparks Piranhas Swim Team:

- I understand that I represent our team and want our team to portray a positive image. In order to maintain a positive team image.
- I agree to conduct myself in a positive manner.
- I understand that disrespect will not be tolerated.
- I agree to treat my teammates, coaches, and parents with respect at all times. The use of profanity is considered disrespectful and will not be tolerated.
- I understand that the use of alcohol and drugs is unacceptable. Neither the Sparks Piranhas Swim Team nor United States Swimming tolerates the use of drugs and/or alcohol to any extent. I agree to refrain from the use of drugs and alcohol inside and outside of the pool and I understand that use of these illegal substances will result in immediate dismissal from the Sparks Piranhas Swim Team. The use of alcohol by minors is illegal and the Sparks Piranhas will not be part of an illegal act.

If this code is not followed, disciplinary action, which includes but is not limited to dismissal from the team, may be taken. Warnings will be given and discussed with parents. By signing, this form I agree to follow this code of conduct.

_____ _____
Swimmer's Signature Date

_____ _____
Swimmer's Signature Date

_____ _____
Swimmer's Signature Date

_____ _____
Swimmer's Signature Date

☐ I've read the concussion information paperwork included in this packet. _____ (Initials)

WRITTEN ACKNOWLEDGEMENT OF POLICY

I acknowledge that I have received, read and understood the Minor Athlete Abuse Prevention Policy and/or that the Policy has been explained to me or my family. I further acknowledge and understand that agreeing to comply with the contents of this Policy is a condition of my membership with Sparks Piranhas Aquatics Swim Team.

Parent's Name: _____

Parent's Signature: _____

Swimmer's Name: _____

Swimmer's Name: _____

Swimmer's Name: _____

Swimmer's Name: _____

Date: _____

Please visit MAAPP from the link on our website: www.sparkspiranhasaquatics.com.

Please return the following to the Sparks Piranhas on the last day of your free week, if you are joining.

1. Swimmer's Name: _____
2. Swimmer's Group: _____
3. Official Start Date: _____
4. All Signed Documents:
    a. This Page
    b. Monthly Dues Page
    c. Release and Indemnification Agreement / Minor Model Release Form
    d. Automatic Payment Options – Bank Draft or Credit Card
    e. Parent and Swimmer Code of Conduct (please read concussion info and initial at the bottom)
    f. Minor Athlete Abuse Prevention
5. A Sales Receipt will include Spirit Pack and monthly dues. The next auto payment will be on the 1st of the month.

Thank you so much! Welcome to the Sparks Piranhas!