

# Coach On Deck Swimming

## WINTER/SPRING 2009 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: \_\_\_\_\_ Birthdate: \_\_\_\_\_

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

Swimmer # 2: \_\_\_\_\_ Birthdate: \_\_\_\_\_

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

Swimmer # 3: \_\_\_\_\_ Birthdate: \_\_\_\_\_

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 **Energy Surcharge of \$30.00 per each child registered:** \_\_\_\_\_

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

Plan 1 = Pay deposit of \$100 + \$30 pool **energy surcharge** per child with Registration - pay balance by 2/15/09.

Plan 2 = Pay deposit of \$100 + \$30 pool **energy surcharge** per child with Registration - pay 3 payments 2/15/08, 3/15/08, 4/15/08.

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 83490, Gaithersburg, MD 20883**

# CODS Swim Schedule

	Sun.	Tue.	Wed.	Thur.	Fri.
<b>SENIOR TEAM</b>	5-6pm 6-7pm	7-8pm	5-6pm	7-8pm	4-5pm
<b>JUNIOR TEAM</b>	4-5pm 5-6pm 6-7pm	7-8pm	5-6pm	6-7pm 7-8pm	4-5pm
<b>CLINICS BEGINNERS ADVANCED</b>	4-5pm 5-6pm		5-6pm 6-7pm		

## Winter/Spring 2009 Program Cost: Senior Team/Junior Team/Clinic

1 hr./week for 17 weeks = \$340 .  
 2 hrs./week for 17 weeks = \$578 .  
 3 hrs./week for 17 weeks = \$766 .  
 4 hrs./week for 17 weeks = \$896 .  
 Unlimited for 17 weeks = call.

**Plus the Quince Orchard Pool Energy Surcharge: \$30 Per Swimmer**

**DEPOSIT REQUIRED: \$130**

*\$100.00 of this is considered your first payment per each swimmer registered,  
 plus the \$30 - per swimmer - QO Pool Energy Surcharge*

### PAYMENT PLANS:

**Standard:** Balance due by Feb. 15, 2009

**Monthly:** 3 payments, Feb. 15, Mar. 15, and Apr. 15, 2009.

*Parent(s) registering one swimmer will pay a total of \$370 for the 17 week session;  
 this includes the \$30 QO fee.*

*Parent(s) pay \$130 deposit with Registration, leaving a balance of \$240 to be paid monthly:  
 \$80, due by Feb. 15, \$80, due by Mar. 15, \$80, due by Apr. 15.*

*Of course you may pay the outstanding balance at any time before May 10.*

### DISCOUNTS (applicable to all programs)

**Example:** You may take a 5% discount for each additional child after the first child, regardless of the particular program in which the child is enrolled.

Jane pays full cost - 1 hr. wk. = \$340.00 + \$30 QO Energy Fee  
 Jane's sister 5% discount - 1 hr. wk. = \$323.00 + \$30 QO Energy Fee  
 Jane's brother 10% discount - 1 hr. wk. = \$306.00 + \$30 QO Energy Fee  
 Jane's 2nd brother 15% discount - 1 hr. wk. = \$289.00 + \$30 QO Energy Fee

**NOTE: Discounts do not apply to QO Pool registration fee!**

## Paying with a Credit Card:

We accept Visa, Master Card and Discover Card.

When submitting your credit card - you must provide the Issuer, Card Number, Expiration Date and the Validation Code (validation code number is the last three (sometimes 4) numbers in the signature area on back of the card) and the name on the card.

**NEVER send your credit card information via email.  
Send it by regular mail or fax it to us at 301-738-8833.**

### **Please read the following carefully.**

When you select Plan 1 or Plan 2 for your Payment Type on the registration form, you have the following options when paying by credit card:

1. Pay for session in full on credit card.
2. Pay deposit \$130 (\$100 plus QO Energy Surcharge of \$30) with credit card then have remaining payments automatically processed:
  - If Plan 1 was selected then remaining balance will be charged to your card on or by February 15<sup>th</sup>.
  - If Plan 2 was selected, then the remaining balance will be charged in three payments due on February 15<sup>th</sup>, March 15<sup>th</sup> and April 15<sup>th</sup>.  
(Selecting this option means you are giving your consent to have payments charged to your card on or by the payment due date(s)).
3. Pay deposit with credit card then make remaining three payments with credit card - (this option requires that you manually give your okay, by fax or email, for each payment to be processed on February 15<sup>th</sup>, March 15<sup>th</sup> and April 15<sup>th</sup>).

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## 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 2009 Refund Policy** - Requests for refunds (pro-rated) will be granted prior to February 15, 2009 for all programs. After February 15, 2009, **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.