



2019 Contents of Registration Packet For Bainbridge Aquatic Masters (BAM)

Welcome to BAM. This packet contains all of the forms and information you will need to register.

- Welcome Letter
- BAM registration Form and Authorization for Automatic Credit Payment
- Swimmer's Medical Information
- BIMPRD Waiver Form
- PSM/USMS Swimming Registration Form-done online at www.usms.org
- BAM Booster Club Registration Form
- Change in Billing & Leave of Absence
(form can be found at aquatic center front desk and www.biaquatics.org/levels-bam/)

When you have completed your forms, please submit them along with applicable payment to the staff at the front desk at the pool.

The membership requirements for BAM are simple:

- Pay 1st Monthly Fee
- Join PSM/USMS (separate registration- \$50 annually/\$30 for 65 & older)
www.usms.org
- Must be eighteen (18) years of age or older

Join our BAM Booster Club! For a suggested donation of \$35.00, you will be an active member in contributing to the following:

- Updating equipment
- Hosting swim clinics and educational opportunities
- Team gear, caps, etc.
- Social events
- Promoting BAM in the community
- Supporting/sponsoring athletes
- Being a liaison between the BAM club and the Parks and Rec.

BAM Booster Club is separate from the Park District and the donation is not a prerequisite for program participation.

Welcome to Bainbridge Aquatic Masters (BAM). If you want to get fit, become a better swimmer, stay motivated and meet new friends, BAM is for you. It is great fun for lap swimmers who want to add a new dimension to their routine. Bammers enjoy the camaraderie and social aspects of swimming together as a group as well as various training and competitive opportunities.

Despite its elite sounding name, BAM swimming welcomes swimmers of all abilities. Any swimmer, age 18 and over can participate. Generally, swimmers of similar ability share a lane. Workout sets are carefully thought through to help you get the most out of your time in the pool. Because each workout is different, it is easier to stay excited and enthusiastic about your training.

Swim Practice Times and Days:

Tuesday/Thursday 5:15 am – 6:30 am
 Monday – Friday 9:00 am – 10:15 am
 Wednesday 10:30 am – 11:45 am Newcomers/Intro to Masters
 Monday – Thursday 12:00 noon – 1:15 pm
 Friday 6:30 am – 7:45 am
 Saturday has 2 sessions grouped by ability and alternated weekly beginning with the first Saturday of the month as:
 Group 1 7:00 am – 8:30 am
 Group 2 5:30 am- 7:00 am
 Group 1 designed for newest athletes or those holding 100 free @ 1:45 or slower
 Group 2 designed for fastest athletes or those holding 100 free @ 1:40 and faster

Dryland practices by coach approval and appointment:

Wednesday & Friday 8:15-8:45 am
 Tuesday & Thursday 7-7:30 am, 8:15-8:45 am, and 11:15-11:45 am

<u>BAM Monthly Training Fees:</u>	Adult-Under 60	Senior-60+ or Spouse (As 2 nd Swimmer)
Level 1 (once per week)	\$63.00/month	\$56.00/month
Level II (twice per week)	\$77.00/month	\$66.00/month
Level III (unlimited per week)	\$86.00/month	\$73.00/month
Level IV (unlimited BAM & Season Pass)	\$111.00/month	\$91.00/month
Optional 10 visit pass	\$150.00	\$150.00

Payment Policy

Installment billing is processed on or after the 5th day of each month for the current month. If you chose not to have your credit card billed automatically for the monthly BAM dues a statement for the balance due will be sent via e-mail. All payments are due by the 25th of each month.

Each swimmers bill will be generated during the first week of each month for the upcoming month and email notification of balance due or payments made will be sent by email each month. All payments are due by the end second Friday of the month (electronic installment billing assure this will happen). If you do not sign up for the auto installment billing, it is your responsibility to make payment on time.

Late Payment

If payment is not received by the last day of the month, the swimmer(s) may be removed from practices until the account is settled. In addition, for any invoices that are not paid in full by the 25th of the month, your account will be charged a late fee of \$20.

While this may sound strict, the only way we can run BAM on a balanced budget is to rigorously enforce the payment of fees. Remember that BAM has coaches' salaries, benefits, and facility maintenance to pay each month, so these policies are designed to keep our costs down and hold our team fiscally responsible.



Bainbridge Aquatic Masters (BAM) Enrollment Agreement 2019

Name: _____

Address: _____

Phone (H) _____ Phone (Cell) _____

Email: _____

Please **Circle** or **Check** one of the **Training Fees** you wish to sign up for:

BAM Monthly Training Fees:	Adult-Under 60	Senior-60+ or Spouse (As 2nd swimmer)
<input type="checkbox"/> Level 1 (once per week)	\$63.00/month	\$56.00/month
<input type="checkbox"/> Level II (twice per week)	\$77.00/month	\$66.00/month
<input type="checkbox"/> Level III (unlimited per week)	\$86.00/month	\$73.00/month
<input type="checkbox"/> Level IV (unlimited BAM & Season Pass)	\$111.00/month	\$91.00/month
Optional 10 visit pass (purchase at pool front desk)	\$150.00	\$150.00

Start Date: _____

Select One **Credit / Debit**

I _____ hereby authorize Bainbridge Island Parks and Recreation Department to make charges against my account for BAM swim team monthly dues. Charges will be made on the 5th working day of each month **until receipt of written notice to The Aquatic Supervisor to take my name off the swim team roster.**

Mastercard or Visa

Signature of Cardholder

Exp. Date

3 digit security code

Bainbridge Aquatic Masters Medical Information and Waiver Form

Name: _____

Address: _____

Phone (H): _____ Phone (B/Cell): _____

Email: _____ Birthdate: _____

Emergency Contact Name: _____

Phone: _____

Physician's Name: _____

Phone: _____

Preferred Hospital: _____

Circle or Check the correct response:

1. Have you ever had pains or a sensation of pressure in your chest that occurred with exertion lasting a few minutes and then subsided with rest? Yes No
2. Do you have any known cardiac conditions that might prohibit an exercise program? Yes No
3. Do you or any of your relatives have a history of heart disease? Yes No
4. Do you experience unusual breathlessness or exertion that is more than experienced by others doing that same sports activity?
Yes No
5. Do you take any prescription medicine on a regular basis? Yes No
6. Do you have any allergies? Yes No
7. Does your heart ever beat unevenly or irregularly or seem to flutter or skip beats for no apparent reason? Yes No
8. Do you have any orthopedic problems that cause pain or limit motion in any way? Yes No
9. Do you have asthma or any other respiratory ailment? Yes No
10. If answered "yes" for question #9, do you need to bring an inhaler to practice? Yes No
11. Is there any other medical issue the coaches should know about? Yes No

If you have answered "yes" to any questions, please explain in further detail:

Waiver: As A condition of participation, I the undersigned hereby assume all risk of injury to myself and absolve and hold harmless all coaches, board members, officials, staff, and other swimmers and administrators of Bainbridge Aquatic Masters, Pacific Northwest Association, Untied States Masters Swimming, any and all Park/City Governments from all direct end consequential damages incurred as a result of any and all BAM workouts/play outs, swim meets, clinics, open water swims and activities associated with BAM. I agree to register with the USMS annually, to have a Physical checkup before starting and yearly thereafter, and to be in good health as a condition of my membership. I am also aware that swimming is a strenuous physical activity with some inherent dangers.

Date: _____ Signature: _____



Adult Recreation Programs

Release, Indemnification & Medical Form

(For Participants 18 Years of Age & Older)

I understand that participation in Bainbridge Island Metropolitan Park and Recreation District classes or programs (District classes) involves inherent risk and possible injury because of the nature of the activities, even when conducted in a safe manner, and I hereby assume all responsibility for my safety when participating in District classes. Injuries to participants in active recreation programs may occur from risks inherent in the activity; from placing stress on the body that it has not been prepared for; from accidents in learning or practicing techniques; from failing to follow training, safety or program rules; from the use of transportation associated with the activity; and from the administration of first aid. The severity of injury can range from minor cuts, scrapes, or muscle strains to catastrophic injury such as paralysis or even death.

In consideration for my acceptance as a participant in District classes, I hereby agree: to assume the risks of the activities in which I participate; to waive and forever release Bainbridge Island Metropolitan Park & Recreation District (BIMPRD) and its employees, agents and contractors from any and all claims (including those for bodily injury) arising out of or relating in any way whatsoever to my participation in District classes, even though said claims may arise out of the negligence of BIMPRD and its employees, agents and contractors; to limit BIMPRD's liability to the applicable limits of BIMPRD's applicable insurance policy if the foregoing waiver and release is deemed unenforceable; to defend, indemnify and hold BIMPRD and its employees, agents and contractors harmless from and against any and all claims (including those for bodily injury), losses, damages, liabilities and expenses (including attorney fees) arising out of or relating in any way to my participation in District classes, my failure to comply with any of the obligations under this document, or my failure to provide all relevant medical information.

I authorize provision of emergency medical care to me if needed during participation in District classes when efforts to contact the emergency contact are unsuccessful, and I agree to be financially responsible for all costs thereof. I agree that the waiver and release, limitation of liability, and indemnification provisions of the foregoing paragraph shall apply to any provision of medical care. I represent and warrant that the information I provide on page 2 of this document fully and accurately sets forth all medical information that is relevant to my participation in District classes.

I give BIMPRD permission to photograph and videotape me while participating in District classes. I authorize BIMPRD to use such photographs and videotapes to promote its programs and classes, and I waive any and all claims to compensation for such usage. I acknowledge and agree that all such photographs and videotapes will belong to BIMPRD.

I agree that this document shall be binding upon my heirs, representatives, successors and assigns. I understand and agree that this document is intended to be as broad and inclusive as is permitted by the laws of the State of Washington, and that if any portion of it is deemed unenforceable, the balance of it shall continue in full legal force and effect.

I agree that if my signature is provided to the District via electronic means (e-mail, fax or otherwise), it shall nonetheless be deemed the equivalent of my original signature for all purposes.

I AM VOLUNTARILY SIGNING THIS DOCUMENT WITH THE INTENT PROSPECTIVELY TO RELEASE AND INDEMNIFY BIMPRD AND ITS EMPLOYEES, AGENTS AND CONTRACTORS AS SET FORTH ABOVE. I HAVE READ THIS DOCUMENT AND FULLY UNDERSTAND AND ACKNOWLEDGE THAT BY SIGNING IT I AM GIVING UP IMPORTANT LEGAL RIGHTS.

Name of Participant: _____ Signature: _____ Date: _____

(Print)

BAM Booster Club Registration 2019

Name: _____

Address: _____

Phone (h): _____ Phone (W/Cell): _____

Email: _____ Birthday: _____

Join our BAM Booster Club! With your membership donation of \$35.00, you will benefit from:

- New equipment to improve training and stroke technique
- Locally hosted swim clinics and seminars
- Discounts on team gear, including caps, t-shirts, etc.
- Social events to get to know your fellow swimmers
- Sending Coach April to select coaching clinics and cover travel expenses to meets
- Helping to keep the BAM program strong in our community
- Communication about our swim community through BAMCommunicates@gmail.com

BAM Booster Club pays for essential BAM program expenses that Parks and Rec. does not cover. Donation is not a prerequisite for program participation, but is essential to provide the level of support needed for a successful program. We hope you will contribute to the extent that you can. **100% of funds raised go directly to supporting the BAM program.**

You can pay with check to: **“BAM Booster Club”** or [pay via PayPal HERE](#). You can turn the **form and check in to the pool front desk.**

Do you consent to have your name and phone number and/or email listed on the BAM Booster Club roster of which you and the other BAM members will receive a copy of? YES NO

Thank you!

BAM Booster Club Board of Directors
President Tom Goodlin and Rod Stevens
Vice President Rod Stevens
Treasurer Nick Schnee
Secretary Marilyn Gottlieb
Meet Directors Greg Cole and Rodney Dwyer
Communications Kristine Cox
President Emeritus Ken Bennett

BAM
Bainbridge Aquatic Masters

**Change in Billing
&
Leave of Absence**

Guidelines for Use of BAM Leave of Absence/Change of Billing Form

BAM members who enroll in the installment billing plan have the following options that can be requested on the LOA form to modify their automated billing status or inform finance staff of changes:

1. **Temporary Break:** fill out BAM LOA to stop billing for a single month or several months. Requests must be for full month increments only.
2. **Change in Training Level:** fill out BAM LOA to indicate you are moving to a new training billing level. Month of change must be indicated on form.
3. **Leaving Team:** fill out BAM LOA stating you are leaving the team and indicate the effective date.
4. **Medical Leave:** fill out BAM LOA stating you have a medical emergency/constraint and attach a doctor's notice. Billing exceptions for partial month billing will be considered in these instances with a doctor's notice.

All requests for a leave of absence or change to billing must be received by the 25th day of the previous month and submitted to the Aquatic Center front desk.

Example: If you are requesting a leave of absence from the team for the month of June, your LOA request must be submitted by May 25 to provide the proper notice

Swimmer's Name: _____

Month of Change: _____

Date of Return: _____

Notes: _____

Signature: _____

Date: _____

For office use Only:

Date Received: _____

Amt. of Next Statement

Processed By _____