

DC WAVE BOOSTER CLUB REGISTRATION INFORMATION LETTER

Dear Swim Team Families,

Welcome to a feature-packed 2011 -2012 swim year.

A Booster Club registration packet is attached. Families should first register all swimmers with DCPR. Upon completion of the DCPR registration families should complete this registration for the DC Wave Booster Club. Applications may be mailed to the team registrar starting at the PO Box below. Returning swimmers please note that this address has changed from previous years.

PLEASE GIVE THE COMPLETED FORM WITH THE CORRECT FEES TO THE BOOSTER CLUB TEASURER

Carol Clayton. Or send required forms and payments to:

**DC Wave Booster Club
P.O. 55661
Washington DC. 20040**

Practices will be held at two locations Rumsey and Takoma. We hope there will also be occasional practices at Wilson.

Weekdays: 5:00 am – 6:30 am at Rumsey (For Silver 2 swimmers and up)
5:00 pm – 7:00 pm at Rumsey
6:00 pm – 8:00 pm at Takoma

Weekends: 7:00 am – 9:00 am at Wilson Pool. (TBA)

(The number of practices will be determined by training group)

The team will also feature swim clinics and seminars (TBA) planned around our practice and competition schedules.

DPR Wave Team is the District of Columbia's only *nationally competitive public youth swim team*. A schedule of swim meets for the season will be listed on the annual calendar to be distributed at registration.

FEES 2011-2012

Booster Club Registration is \$350 for the first child in each family plus \$100 for each additional sibling.

All Booster Club fees are NON-REFUNDABLE except payments to the escrow accounts of your swimmers.

Registration fee includes a mandatory \$50 meet entry fee escrow account for each family from which meet fees will be withdrawn throughout the year. The escrow account must be kept up-to-date. Each month, families will be notified when additional deposits need to be made. Checks should be made payable to the DCPR "Wave" Booster Club.

IN ADDITION the Booster Club fee includes a required VOLUNTEER FEE. Each *family* must deposit a \$100 volunteer fee for the swim season. This fee will be REFUNDED upon completion of 20 volunteer hours for the swim team. Refunds will be made at the end of the swim season, unless, upon request, the family asks that the funds be transferred to the swimmer's escrow account. This fee is required upon registration.

We look forward to working with you during the season.

The DC WAVE Booster Club Executive Board.

Wave Booster Club Swim Family Registration Form 2011-2012

Swimmer 1: (First, Middle, Last) _____ Birth date __/__/__

Address _____ Zip _____ Home

Phone _____ Cell Phone _____

Swimmer 2: (First, Middle, Last) _____ Birth date __/__/__

Swimmer 3: (First, Middle, Last) _____ Birth date __/__/__

Swimmer 4: (First, Middle, Last) _____ Birth date __/__/__

Booster club Fee enclosed Total _____ Check number _____
Please Make Checks payable to DC Wave Booster Club

\$350 for first swimmer

\$100 for each additional sibling swimmer

Parent(s)/Guardian: Address (if different) _____ Zip _____ Day

_____ Evening # _____ Cell # _____ (Please circle the number you preferred

to receive messages on) Email (to be listed in directory)

Parent(s)/Guardian: Address (if different) _____ Zip _____ Day

_____ Evening # _____ Cell # _____ (Please circle the number you preferred

to receive messages on) Email (to be listed in directory)

Persons Authorized to pick up your swimmer (non-emergency):

Names/Numbers _____

Names/Numbers _____

Names/Numbers _____

Billing Information:

Who is responsible for payment of fees _____ Address of responsible party

_____ City _____ State _____

Zip _____ Phone _____ **Persons (other than parent/guardian) to Contact in Emergency:**

Name _____ Home# _____ Work#

_____ Cell# _____

Name _____ Home# _____ Work#

_____ Cell# _____ Please indicate: _____ We wish to be included in the

Booster Club directory. _____ We do not wish to be included in the Booster Club directory.

DPR SWIM TEAM

FAMILY/PARENT PARTICIPATION FORM

NAME: _____ PHONE: _____

EMAIL: _____

SWIMMER (S): _____

PLEASE INDICATE AT LEAST TWO AREAS WHERE YOU CAN HELP

Meet Officiating*		PLANNING	
IF you are a PVS official please indicate your trained position here		TEAM TRAVEL	
TIMERS		COMMUNICATIONS	
VOLUNTEER COMMITTEE		CONCESSIONS/HOSPITALITY	
GOVERNANCE COMMITTEE		EVENTS	
FUNDRAISING			

These positions require training.

DESCRIPTION OF VOLUNTEER/ PARTICIPATION POSITIONS

OFFICIATING MEET MANAGER MEET HY-TEK MEET COLORADO

These positions all require some level of training from Potomac Valley and those who are willing to become officials, a very short open book take home test is required. The team is in great need of officials and would encourage all those interested to volunteer to become an official. The meet manager is equally important, in that the team is hoping to host more and more meets. A Meet manager is needed to coordinate a particular meet that our team hosts. The Hy-Tek operator runs a computer program responsible for tallying the scores and recording each swimmer's time. The Colorado operator runs the computer program, which is responsible for displaying each swimmer's time as he or she swims a particular event, from start to finish.

MEET TIMER

Starts and stops the watch to record the time of each swimmer in their lane. There are usually three timers in each lane at all swim meets our team participates in. So you may be called upon to serve as a timer either at a meet our team is hosting or one that our team is attending.

VOLUNTEER COMMITTEE

description: Assign and coordinate volunteers throughout the year. Track volunteer hours for the club and communicate with each family about their volunteer status. The committee will also work on tracking and increasing the number of Pvs officials

Chair: Lyn Hopkinson

EB rep: Erika Livingston

GOVERNANCE COMMITTEE

description: Responsible for bylaws. Formalizing booster club operating structure, annual review and feedback, as well as maintain regulatory compliance with 5013c and DCRA (District of Columbia Regulatory Authority).

Chair:

EB rep: Audrey Hipkins

FUNDRAISING COMMITTEE

description: Coordinate activities/events with the express purpose of generating funds to support the swimmers and their endeavors.

Chair:

EB rep: Carol Clayton

CONCESSIONS/HOSPITALITY COMMITTEE

description: Plan the concessions menu, tend the concessions stand during the meet, provide hospitality to the coaches, officials, and timers during the Black History Meet and other meets hosted by DC Wave.

Chair:

EB rep: Carol Clayton

COMMUNICATIONS COMMITTEE

description: Coordinate Booster Club information for dissemination to members. Assist with introducing new families to the club and swimming culture. Promote use of the DC Wave website and publish the Parent Pause Newsletter.

Chair: LaShawn Dennis

EB rep: Helen Searls

EVENTS COMMITTEE

description: Organize social events for the booster club, such as, the awards banquet, holiday party, team building activities (e.g. Dave & Buster for 13+, bowling for 12 & under)

Chair: Melinda Bolling

EB rep: Helen Searls

PLANNING COMMITTEE

description: Continue development of strategic vision for DC Wave. Interact with DCPR, develop operational calendar (elections, registration packet, ordering suits, prep for Black History, etc.)

Chair:

EB rep: Audrey Hipkins

TRAVEL COMMITTEE

description: Organize team trips, including travel arrangements for all away meets.

Chair: Anthony Bolling

EB rep: Erika Livingston

TRAVEL T-SHIRT FORM

1. SWIMMER FIRST NAME: _____ LAST NAME: _____ T-SHIRT SIZE:

YOUTH SMALL YOUTH MED YOUTH LARGE YOUTH XL

2. SWIMMER FIRST NAME: _____ LAST NAME: _____ T-SHIRT SIZE:

YOUTH SMALL YOUTH MED YOUTH LARGE YOUTH XL

3. SWIMMER FIRST NAME: _____ LAST NAME: _____ T-SHIRT SIZE:

YOUTH SMALL YOUTH MED YOUTH LARGE YOUTH XL

4. SWIMMER FIRST NAME: _____ LAST NAME: _____ T-SHIRT SIZE:

YOUTH SMALL YOUTH MED YOUTH LARGE YOUTH XL

Please circle the appropriate t-shirt size for each of your swimmers

Parents who wish to purchase their own travel team T-shirts may do so at a cost of \$19.

Name: _____ (contact number) _____

T-shirt Size _____

DC WAVE Swim Team
Outreach Membership Application 2011 – 2012

Child's Name: _____

Age: _____ Practice Location: _____

Parent(s) Name(s): _____

Phone Number: _____ (home) _____ (alternate)

Email Address: _____

I understand that the DC WAVE Outreach Membership requires that:

- I pay registration fees of \$132 instead of \$350 . If I choose the payment plan I must pay the first payment of \$67 October 15th, 2nd payment of \$65 on November 30th.2011.
- I have no outstanding balance from previous years (meet entry fees, registration fees, etc.),
- I include with my application proof of public assistance or qualification for the school lunch program (dated within the past 30 days).
- I pay all non-Potomac Valley meet entry fees when invoiced. **No meet entry fees will be assessed for Potomac Valley sponsored meets.**
- I volunteer a minimum of 20 hours for booster club activities such as concessions, award banquets and/or fundraising events from the date of receipt of the scholarship until the end of the season. **No Volunteer fee (\$100 per family) will be assessed.**

Additionally, I understand that, if granted, the membership does not cover meet entry fees outside of PV Swim sanctioned meets, travel fees/expenses, or any other incidentals associated with the swim team. My failure to pay meet entry fees will prohibit my child from participation in any meets beyond that date, until balances and payments are paid. Failure to complete volunteer hours will disqualify me from receiving a scholarship in the future.

Parent Signature

Date

Your signature indicates that you understand and agree to the requirements of the Outreach Membership.

* * * * *

For Booster Club Use Only:

____ Proof of public assistance or qualification for school lunch program (dated within the past 30 days)

____ Zero balance on all fees

Application for outreach membership approved: ___yes ___no

DC WAVE Swim Team

Family Payment Plan / Sibling Discount 2011 – 2012

The DC WAVE Swim Team Family payment plan is available for families registering for the 2011 – 2012 swim season. The payment plan requires that the 1st payment is received no later than October 1, 2011. No payment plans will be accepted after October 15, 2011. After that date any registrations must be paid in full. All registration fees received are non-refundable.

Payment plans are as follows:

- Family with 1 child (\$350 including escrow payment & volunteer fee) – 1st payment of \$175 due no later than October 15, 2011, Payment #2 of \$175 due on November 30st 2011. A total of \$100 will be refunded at the end of the 2011 – 2012 season should 20 volunteer hours per family be achieved by then.
- Family with 2 children (\$450 including escrow payment & volunteer fee) – 1st payment of \$225 due no later than October 15, 2011, Payment #2 of \$225 due on November 30st 2011. A total of \$100 will be refunded at the end of the 2011 – 2012 season should 20 volunteer hours per family be achieved by then.
- Family with 3 children (\$550 including escrow payment & volunteer) – 1st payment of \$275 due no later than October 15, 2011, Payment #2 of \$275 due on November 30st 2011. A total of \$100 will be refunded at the end of the 2011 – 2012 season should 20 volunteer hours per family be achieved by then.
- Family with 4 children (\$650 including escrow payment & volunteer) – 1st payment of \$325 due no later than October 15, 2011, Payment #2 of \$325 due on November 30st 2011. A total of \$100 will be refunded at the end of the 2011 – 2012 season should 20 volunteer hours per family be achieved by then.

Payments plans and sibling discounts are for registration fees, volunteer fee, and initial \$50 escrow payment only and are not valid for any other fees, travel expenses, meet entries, etc.

The following siblings are all registering for the DC Wave Swim Team and qualify for the family discount plan.

1. Child's Name: _____ Age: _____
2. Child's Name: _____ Age: _____
3. Child's Name: _____ Age: _____
4. Child's Name: _____ Age: _____

Parent Signature: _____

Phone Number: _____ (home) _____ (alternate)

Email Address: _____