



## *Welcome to FLA!*

We are delighted that you have become a member of FLA Aquatics. Our staff of World class coaches aim to provide you with an exciting and successful experience; both in and out of the pool. It is important to us to have complete and open communication. If you have any questions or concerns please feel free to contact your coaches or the office at any time.

### **Cool Things you need to know about FLA**

**In order to participate in FLA , you must agree to all terms and conditions.**

**Contact us:** [www.FLAswim.com](http://www.FLAswim.com) - [info@FLAswim.com](mailto:info@FLAswim.com) Office: 954-468-5590

**Online Billing:** Team Unify is our Online Billing System & Membership Management System.

To access this please visit [www.FLAswim.com](http://www.FLAswim.com) and click on Team Unify button. Upon receiving you're paperwork you will be emailed a time sensitive link that you must click on within 24 hours. This will give you prompts to sign up online and create username and password.

Once you sign up on Team Unify, you will be able to manage your billing account, sign up for upcoming swim meets, manage your fundraising account, receive communication from coaches, and much much more.

#### **IMPORTANT :**

**Check and Late Payment Charges:** Team Unify runs credit cards on the 1<sup>st</sup> of every month.

\$25 FEE if your credit card is declined (for any reason) on the 1<sup>st</sup>.

\$25 FEE if credit card is declined again on the 10<sup>th</sup> of every month.

\$25 FEE if payment still has not been received by the 15<sup>th</sup> of every month.

As of Aug 1<sup>st</sup> 2013, we **no longer accept checks or cash** as payment.

Visa , Mastercard or Discover card are only credit cards we take. You must fill out autopay paperwork in order for your account to be set up

**FLA Referral Program- SWIM FOR FREE.** We give you \$50 (T.U) dollars every time you refer us a new client that joins FLA. We automatically credit your account. There is no limit on how many credits you can earn. The new client must mention you in the application at the time of sign up in order to receive the credit.  
 (Delray Clients can use credit towards FLA Purchases, Registration fees, meet fees. Not applicable towards monthly dues.)

\*\*\*\*Please Initial \_\_\_\_\_

I understand that I must agree to all policies, waivers, and disclaimers to be accepted for membership with FLA.

\_\_\_\_\_  
 Sign the above and Date

FLA retains the right to change it's pricing and other policies at any time. Continuing membership into the next month warrants acceptance of these change in policies and prices.



**FEE SCHEDULE Swim School**

<b>ANNUAL FEES</b>	
<b>FLA Membership</b> Renews on Sign up Anniversary	<b>\$50 per swimmer/ per year</b>
<b>Instruction Fees</b>	
<b>1x Week</b>	<b>Monthly \$80</b>
<b>2x Week</b>	<b>Monthly \$140</b>
<b>3 x Week</b>	<b>Monthly \$200</b>

Billing Information (Account Holder) Person responsible for paying account

LOGIN EMAIL ADDRESS: This will be Primary email used to login to Team Unify account

**Mother's EMAIL ADDRESS:**

(Please provide all other emails you want linked to Team Unify account)

**Father's EMAIL ADDRESS:**

BillingAddress \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

HomePhone \_\_\_\_\_ Work/MobilePhone \_\_\_\_\_

Swimmer's occupation (Mastersonly) \_\_\_\_\_ WorkPhone \_\_\_\_\_

Mother's Name \_\_\_\_\_ M.I. \_\_\_\_\_ LastName \_\_\_\_\_

Father's Name \_\_\_\_\_ M.I. \_\_\_\_\_ LastName \_\_\_\_\_

Mother's occupation \_\_\_\_\_ Father's Occupation \_\_\_\_\_

Mother's Employer \_\_\_\_\_ Father's Employer \_\_\_\_\_

Mother's WorkPhone \_\_\_\_\_ Father's WorkPhone \_\_\_\_\_

**Insurance Information**

Insurance Carrier: \_\_\_\_\_

Insurance Carrier Phonenumner: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

**Swimmer Information**

**Swimmer's First**

**Name** \_\_\_\_\_ **M.I.** \_\_\_\_\_ **LastName** \_\_\_\_\_

Gender : M/F

DOB \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Location** (Circle one) MIAMI BOCA FAU BOCA PREP DELRAY

**Swim Group** (Circle One) Bronze Silver Gold Varsity Senior National

Swim School (Circle One) 1x week 2 x week 3x week



**AUTOMATIC PAYMENT AUTHORIZATION FORM**

Dear FLA Members,  
Please fill out the form below and return to us as soon as possible. It saves us a significant amount of time in regards to managing your accounts. We charge your credit or debit card the first week of the month and then email you an invoice to show all charges made.

Thank you!  
FLA Staff

**AUTOPAY**

<b>PRIMARY POOL (Please, check only 1)</b>	
<b>FAU</b>	
<b>MIAMI</b>	
<b>AQUA</b>	
<b>BOCA PREP</b>	

<b>CREDIT</b>	
<b>Card Issuer</b>	
<b>VISA</b>	
<b>MC</b>	
<b>DISC</b>	

**EXACT NAME OF CARDHOLDER ON CARD** \_\_\_\_\_

**Name of Athlete(s)** \_\_\_\_\_

**CARD #** \_\_\_\_\_

**CARD EXPIRATION DATE** \_\_\_\_ / \_\_\_\_  
# \_\_\_\_\_

**CARD V-CODE**

**BILLING ADDRESS ZIP CODE** \_\_\_\_\_

I give permission for FLA to charge my monthly dues, any entry fees or purchases from the Team Store to the above noted credit or debit card.

**SIGNATURE** \_\_\_\_\_  
date

**Swim School CONSENT FOR EMERGENCY MEDICAL TREATMENT**



In the event of a medical emergency, the undersigned Parent(s)/Guardian(s) of the above named participant(s), hereby grants authorization to the FLA Swim School and FLA Aquatics , and its representatives, to employ any legally licensed physician or health care facility on behalf of each of the undersigned, and to direct and/or order emergency medical treatment for the above named participant(s). Each of the undersigned further agrees that neither FLA Swim School, FLA Swim Team, FLA Camp, FLA Masters, City of Miami, Boca Prep International School, Florida Atlantic University, Palm Beach County, nor any of its representatives shall be liable under any circumstances to anyone for exercising the foregoing authority in the event of an emergency.

\_\_\_\_\_

**SIGNATURE OF PARENT/GUARDIAN OF MINOR CHILD/CHILDREN**

**DATE**

**INFORMED CONSENT AND WAIVER/RELEASE**

I, the undersigned, as the parent or legal guardian of the child(ren) listed on this application in consideration of the request and permission of my son(s)/daughter(s) to participate in the FLA programs, including FLA Swim School, FLA Swim Team, FLA Camp, FLA Masters, City of Miami, Boca Prep International School, Florida Atlantic University, Palm Beach County, and transportation to/from Camp designated hotels and other FLA designated pools, hereby assume full responsibility for all risks of injury or loss which may result from my son's/daughter's participation in this activity and hereby agree to hold harmless, release and forever discharge FLA, it's officers, agents and employees from and waive any and all claims and demands whatsoever which the undersigned and any of them or any third person of any accident, illness, injury, or death of any person and persons, or damage to or loss or destruction of any property arising or resulting from swimming, weight training, and a variety of strenuous exercise, vigorous physical activities and/or running directly or indirectly from my son's/daughter's participation in the aforementioned programs and occurring during said participation or any time subsequent thereto, save and except that the above provisions shall not be applicable to injury to or death of persons, or damage to or loss of property arising out of the sole negligent acts or omissions of FLA, their officers, agents or employees. The terms of this release shall serve as a release and assumption of risk for my son(s)/daughter(s), heirs, executors and administrators and for all my family members.

I understand, agree, and acknowledge that there are risks inherent in the sports activities conducted by the FLA Swim Schools and the Camp FLA, including, but not limited to paralyzing injuries, brain injuries, and death. These activities may be of a hazardous nature and/or may include activities such as swimming, a variety of strenuous exercise, and vigorous physical activities. With the full understanding of the facts, I state, that to the best of my knowledge, my son(s)/daughter(s) listed on this application has no medical, physical, mental or emotional health condition which would hinder or prevent his/her active participation in FLA programs.

\_\_\_\_\_

**SIGNATURE OF PARENT/GUARDIAN OF MINOR CHILD/CHILDREN**

**DATE**

**PHOTOS**

I also understand that Photos are occasionally taken at the FLA Swim School, FLA Swim Team,& FLA Camp, at facilities and that any photo taken of my child (ren) may be used for FLA publicity, advertising, and social media purposes.

\_\_\_\_\_

**SIGNATURE OF PARENT/GUARDIAN OF MINOR CHILD/CHILDREN**

**DATE**

# WEATHER POLICY

FLA Weather ,and other communication updates can be found on OUR FACEBOOK PAGE- FLA AQUATICS.

OUR WEATHER POLICY IS AS FOLLOWS:

**We will make our best effort to notify you in advance by email of any early MORNING practice pool closings.**

## THUNDER AND LIGHTNING STORMS

<b>POOL</b>	<b>WARNING SYSTEM</b>
<b>Boca Prep</b>	National Lightning Institute and the Safety Action Plans of the facility.
<b>FAU</b>	Thor Guard
<b>Delray / AQUA</b>	National Lightning Institute and the Safety Action Plans of the facilities and the Palm Beach County pool staff. The Plumosa School next door to the pool also uses the Thor Guard system which gives us added information for your safety.
<b>Miami / Haldey</b>	National Lightning Institute and the Safety Action Plans of the facility and the City of Miami pool staff.

**Thor Guard Warning System:** The system has a clear auditory signal that broadcasts campus-wide that all outside activities must be postponed and patrons must seek shelter. When conditions are safe, the system generates an ALL CLEAR signal for activities to resume.

**National Lightning Institute Safety Guidelines:** When lightning is visible and / or the thunder associated with it is audible within 30 seconds, the pool will be closed for 30 minutes to allow the threatening weather to pass. The 30 minute safety window will re-start after any new occurrence of inclement weather. When 30 minutes has passed without an occurrence, it will be safe to re-convene practice.

**Special Note:** If the weather.com forecast demonstrates that the weather will not clear before the end of practice, the session will be cancelled and posted on the FLA Facebook page. We will do everything we can to get in as much practice as possible. All of our outdoor pools have limited availability for indoor space to manage large groups of athletes, so safety of our athletes and your children will always be our primary concern. If we are not able to conduct practice, it's highly likely that most other swim teams and other outdoor sports team can't either. We can't control the weather. There is always tomorrow.

**COLD WEATHER** -According to the Weather Channel at [www.weather.com](http://www.weather.com)

(THIS IS THE SITE WE GO BY)

**Morning Practices ONLY:** When the wind chill factor is forecast to be below 50 degrees at the time of practice; practices for Masters, National Development, Senior, and Gold will be cancelled.

**Afternoon Practices:** Practices will ALWAYS be held for Masters, National Development, Senior, Gold, and Silver groups.

When the wind chill factor is forecast to be below 60 degrees at the time of practice (class); practices (classes) for Bronze and the FLA Swim School will be cancelled.

### **TEAM UNIFY INSTRUCTIONS**

UPON TURNING IN THIS APPLICATION YOU WILL BE SENT AN EMAIL TO THE FIRST EMAIL ADDRESS THAT YOU PROVIDED. THIS IS YOUR AUTOPAY ACCOUNT ACCESS, YOUR PORTAL FOR SIGNING UP FOR SWIM MEETS, YOUR COMMUNICATION TOOL WITH FLA. IT IS A TIME SENSITIVE LINK THAT YOU WILL HAVE 24 HOURS TO LOG INTO TEAM UNIFY.

PLEASE DOUBLE CHECK SPELLING AND MAKE SURE EMAIL ADDRESSES ARE CLEAR AND CONCISE SO YOU CAN RECEIVE THE LINKS TO FINISH THE REGISTRATION PROCESS.

WE ARE SO HAPPY THAT YOU CHOOSE TO BE PART OF THE FLA FAMILY.

IF YOU NEED ANYTHING AT ALL ,

PLEASE EMAIL [INFO@FLASWIM.COM](mailto:INFO@FLASWIM.COM)

THANKS,

TEAM FLA