

2011-2012
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 and Waiver Form
- PNA/USMS Swimming Registration Form
- BAM Booster Club Registration Form
- Swimmers Goal Sheet
- Change in Billing & Leave of Absence

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 PNA/USMS (separate registration- \$44 annually/\$35 for 65 & older)**
- **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:

- new swim equipment including fins, pull buoys and paddles
- sending Coach April to swim meets and Nationals
- the awesome Christmas party and summer picnic

BAM Booster Club is separate from the Parks and Rec. 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. BMMERS 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, masters 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.

Stay up-to-date with newsletters, training schedules, race details and more at www.bainbridgeaquaticmasters.org

BAM Monthly Training Fees:

	Adult under 60	Senior or Spouse
Level 1 (once per week)	\$45.00/month	\$38.25/month
Level II (twice per week)	\$55.00/month	\$46.75/month
Level III (unlimited per week)	\$62.00/month	\$52.70/month
Level IV (unlimited BAM & Season Pass)	\$78.00/month	\$66.30/month
Optional 10 visit pass	\$110.00	

Swim Practice Times and Days:

Tuesday/Thursday	5:15 am – 6:30 am
Monday – Thursday	9:00 am – 10:15 am
Monday/ Wednesday	10:30am - 11:45am
Monday – Thursday	12:00 noon – 1:15 pm
Saturday	7:00 am – 8:30 am

Dryland Practice Times and Days:

Monday/Wednesday	8:15am-8:45am
Tuesday/Thursday	11:15am-11:45am

POW! Practice Open Water:

Available June-August

Time, dates and locations TBA via monthly newsletters

**Bainbridge Aquatic Masters (BAM)
Enrollment Agreement 2011-2012**

Name _____ D.O.B. _____

Address _____

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

Email: _____

Please circle one of the **Training Fees** you wish to sign up for:

	Adult under 60	Senior or Spouse
Level 1 (once per week)	\$45.00/month	\$38.25/month
Level II (twice per week)	\$55.00/month	\$46.75/month
Level III (unlimited per week)	\$62.00/month	\$52.70/month
Level IV (unlimited BAM & Season Pass)	\$78.00/month	\$66.30/month
Optional 10 visit pass	\$110.00	

Start Date: _____

Circle 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 1st working day of each month until receipt of written notice to take my name off the swim team roster.

Mastercard or Visa (Circle One)

3 digit security code

Exp. Date

Signature of Cardholder

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 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/playouts, 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: _____

BAM Booster Club Registration

Your **\$35** donation will pay for:

- new swim equipment including fins, pull buoys and paddles
- sending Coach April to swim meets and Nationals
- the awesome Christmas party and summer picnic

Please join today!

Name: _____

Address: _____

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

Email: _____ Birthday _____

BAM Booster memberships are prorated semi-annually. Joining after March 1st, pay \$20. 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 BAM.

**Please make your check out to: “BAM Booster Club”
You can turn the form and check into 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?

YES _____ NO _____

Thank you!

BAM Booster Club Board of Directors:

Orlando Boleda, President
Rick Stafford, Vice-President
Angela de Oliveira, Treasurer
Meg Misenti, Secretary
Rita Belserene, Communication Director
Jay Stemmler & Allan Thorpe, Meet Directors
Kate Carr, Member at Large

Contact info: bamboosterclub@gmail.com
Mail checks to: P.O. Box 10934, Bainbridge Island, WA 98110
www.bainbridgeaquaticmasters.org

Swimmer Goal Sheet

Name: _____ Date: _____

1.) Please indicate the level of your swimming ability (check all categories that describe ability):

____ Beginner ____ Open Water Swimmer ____ Fitness Swimmer
____ Competitive Swimmer ____ Others (Please describe) _____
____ Triathlete _____

2.) Please indicate the swimming strokes you can already perform:

____ Freestyle ____ Backstroke ____ Breaststroke ____ Butterfly
____ Others (Please describe) _____

3.) How often do you swim at the pool?

____ Once a week ____ Twice a week ____ Three times a week
____ four times a week ____ Five times a week or more

4.) Which teaching approach is most effective for your learning?

Rank in order: ____ Seeing (visual images and demonstrations)
 ____ Hearing (A detailed description and explanation)
 ____ Reading (A detailed description and explanation)
 ____ Feeling (Hands-on manipulation or experimentation)

5.) What are your specific goals for swimming?

____ Increase level of fitness ____ Improve my competitive swimming
____ Swim more efficiently ____ Swim competitively
____ Recover from injury ____ Preparation for open water/triathlons
____ Other _____

BAM
Bainbridge Aquatic Masters

**Change in Billing
&
Leave of Absence**

Swimmer's Name: _____

First Month of Change: _____

Date of Return: _____

Reason for Absence/Change:

Please note the following:

1. As a matter of policy, this form is the only accepted leave of absence/change in billing form. Scratch paper, envelopes, conversations, or hand written notes dropped off or discussed at the pool are not going to be accepted. This policy is to facilitate the record keeping at the pool.
2. This request is for absence for no less than one calendar month beginning on the first day of the month noted above. This form is also used as a request to change the monthly billing and must be received by the 5th of the month for a change to take effect on the following month.
3. This request must be delivered to the pool. If this request is received after the 5th then the change will be reflected in the following monthly statement in accordance with paragraph two above.

Signature

Date

For office use Only:

Date Received: _____

Amt. of Next Statement

Processed By _____