

FAST 2025-2026 SEASON FEE AGREEMENT

SWIMMER'S INFORMATION (List all swimmers in family)			
Last Name, First Name	Age/Gender	Birthdate	Squad
	/		
	/		
	/		
	/		

BILLING INFORMATION			
Parent/Guardian Name(s)			
Address	City	State	Zip
Email Address			
Phone 1	Phone 2		

Fee Schedule Information

Because the Flambeau Area Swim Team is not school or government funded, the swim club must charge fees to help cover the swim team's operating expenses. The largest portion of our operating expenses goes toward coaches' salaries. Other expenses incurred by our swim club include swim conference fees, insurance, office supplies, postage and awards for the swimmers. These fees are based on the squad the swimmer is placed on and corresponds to the number of coaching hours he/she receives. Regular season fees are payable in a lump sum or on a payment basis.

We do not want to exclude any swimmer because of financial circumstances. Those who feel they may have difficulty meeting the fee schedule are asked to speak to a board member to make special arrangements. (All information submitted will remain strictly confidential.)

It is the coaches' sole decision to advance swimmers from the different squad levels. When a swimmer is moved from one squad to another, he/she must pay an adjusted fee for the higher squad in which the swimmer participates for the remainder of the season. In the event a swimmer is advanced to the next squad, the new squad fees will begin during the next full month. The Treasurer will indicate the change and any amount due will be emailed to the swimmer's family.

Please make payments by check to **FAST** and mail to **PO Box 205, Ladysmith, WI 54848**, or put payments in an envelope with your swimmer's name on it and drop in the FAST drop box located in the corridor as you enter the pool.

SQUAD FEES

\$25 Registration Fee (per family)

Non-refundable and due at registration

Squad	Cost
Bronze	\$150
Silver B	\$190
Silver A	\$220
Titanium	\$230
Gold	\$250
Platinum	\$270

**The fee is adjusted to \$150 for Trident swimmers and swimmer athletes.

Fees are payable in an annual lump sum or on a payment basis. Please see the Treasurer for payment options.

We offer a multiple family member discount (for immediate family members only) as follows:

1st Family Member – Full Price

2nd Family Member – 10% discount (taken from equal or lesser fee)

3rd & Additional Family Member(s) - 25% discount (taken from equal or lesser fee)

Special Note: If a swimmer qualifies and chooses to swim at the Minnesota Regionals, an additional fee will be charged to cover coaching & pool expenses.

I agree to pay my 2025-2026 FAST Swim Fees according to the due dates in my payment plan and understand that at any time I may pay off my account in full. I acknowledge that all fees are due in full on or before January 1, 2026, regardless of the payment plan I have chosen. I also acknowledge that if my account is not current, my swimmer will not be allowed in the water and will not be allowed to participate in any meets until my account is current.

Signature _____ Date _____

FAST 2025-2026**Emergency Contact & Medical Information**

SWIMMER INFORMATION			
Last Name, First Name	Age/Grade /	Birthdate	Squad
Address	City	State	Zip
Phone	Email Address		

EMERGENCY CONTACT INFORMATION			
Parent/Guardian Name(s)			
Address (if different than swimmer's)	City	State	Zip
Home Phone	Mobile Phone	Other Phone	

EMERGENCY CONTACT IF PARENT OR GUARDIAN CANNOT BE REACHED		
Name	Relationship to Swimmer	
Home Phone	Mobile Phone	Other Phone

MEDICAL INFORMATION

Physician's Name_____

Phone_____

Dentist's Name_____

Phone_____

Medications and/or special medical conditions of the Swimmer that we should be aware of:

Parent/Guardian Consent

I give my permission for my child to participate in swimming instruction in all activities unless otherwise noted. I further give my permission for the Flambeau Area Swim Team to seek any necessary emergency medical treatment for my child. From time to time, Flambeau Area Swim Team may desire to use a picture of your child captured during our activities. We will not publish your child's name in conjunction with the picture.

I approve of my child's photograph being used in publication.

_____ YES (CHECK ONE)

I do not wish for my child's photograph to be used in publication.

_____ NO (CHECK ONE)

Signature_____

Date_____

PARENT & ATHLETE AGREEMENT

As a Parent and as an Athlete it is important to recognize the signs, symptoms, and behaviors of concussions. By signing this form you are stating that you understand the importance of recognizing and responding to the signs, symptoms, and behaviors of a concussion or head injury.

Parent Agreement:

I _____ have **read** the Parent Concussion and Head Injury Information and **understand** what a concussion is and how it may be caused. I also understand the common signs, symptoms, and behaviors. I agree that my child must be removed from practice/play if a concussion is suspected.

I understand that it is my responsibility to seek medical treatment if a suspected concussion is reported to me.

I understand that my child cannot return to practice/play until providing written clearance from an appropriate health care provider to his/her coach.

I understand the possible consequences of my child returning to practice/play too soon.

Parent/Guardian

Signature _____ Date _____

Athlete Agreement:

I _____ have **read** the Athlete Concussion and Head Injury Information and **understand** what a concussion is and how it may be caused.

I understand the importance of reporting a suspected concussion to my coaches and my parents/guardian.

I understand that I must be removed from practice/play if a concussion is suspected. I understand that I must provide written clearance from an appropriate health care provider to my coach before returning to practice/play.

I understand the possible consequence of returning to practice/play too soon and that my brain needs time to heal.

Athlete

Signature _____ Date _____

Questions and Contact Information

Name _____ Date _____

Address _____

City _____ Zip _____ County _____

Phone _____ Email _____

Age _____ School _____ School District _____

Check all that apply
I participate in:

<input type="checkbox"/> Football	<input type="checkbox"/> Baseball/Softball	<input type="checkbox"/> Basketball	<input type="checkbox"/> Hockey
<input type="checkbox"/> Soccer	<input type="checkbox"/> Golf	<input type="checkbox"/> Volleyball	<input type="checkbox"/> Wrestling
<input type="checkbox"/> Track & Field	<input type="checkbox"/> Cross Country	<input type="checkbox"/> Cheerleading	<input type="checkbox"/> Skiing/Snowboarding
<input type="checkbox"/> Gymnastics	<input type="checkbox"/> Tennis	<input type="checkbox"/> Swimming & Diving	
<input type="checkbox"/> Other _____			

Name of Current Team _____

1. Have you ever had a concussion? _____, if yes, how many? _____
2. Have you ever experienced concussion symptoms? _____ Did you report them? _____

Emergency Contacts:

Name: _____ Relationship: _____

Phone Number: _____

Name: _____ Relationship: _____

Phone Number: _____

Please complete this form and return to the person operating the youth athletic activity.