

Gateway Sports Inc.

61 Benson Street,

Albany, NY 12206

Telephone: (718)776-5566

Website: www.gatewaysportsclub.com

Swim Team Payment Plan Form

This form is for parents who are unable to pay swim team tuition in full and are interested in a payment plan. **You must provide a copy of your driver's license.** You are in an agreement to pay off a debt to Gateway Sports Inc. and in the event that you fail to do so, your debt will be submitted to a collection agency and this will affect your credit.

Date Registered: ____/____/____

Parent/Guardian Information (Person responsible for payment):

First Name: _____ Last Name: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip: _____

Primary Phone # (____) _____ Secondary Phone # (____) _____

Email Address: _____

Swimmer's Information:

Swimmer's First Name: _____ Last Name: _____

Team (circle one): Freshman Team (ICC or Flush) Junior Team Senior Team

Swimmer's First Name: _____ Last Name: _____

Team (circle one): Freshman Team (ICC or Flush) Junior Team Senior Team

Swimmer's First Name: _____ Last Name: _____

Team (circle one): Freshman Team (ICC or Flush) Junior Team Senior Team

PAYMENT PLAN DETAILS FOR FLUSHING AND DOUGLASTON: Senior and Junior Teams (Flushing) \$1690 each plus \$200.00 (U.S membership fee of \$56 and \$144 for the swim meets from Sept. 2009 to June 2010) Total: \$1,890.00

Freshman Team (Flushing) \$1350, and Freshman Team (Douglaston) \$1200 from Sept 2009 to June 2010

1st Payment of Sr/Jr Team \$630, or Fr Team \$450 (Flush.), or \$400 (Doug.) must be paid on September 11th, 12th 2009.

2nd Payment of Sr/Jr Team \$630, or Fr Team \$450 (Flush.), or \$400 (Doug.) must be paid by December 4th, 2009.

3rd Payment of Sr/Jr Team \$630, or Fr Team \$450 (Flush.), or \$400 (Doug.) must be paid by March 5st, 2009.

I, _____, have agreed to be in the Gateway Swim Team Payment Plan. I have agreed to pay all applicable Team fees in total, as relates to my child/children's team - \$1890 each for Senior and Junior Teams or \$1350 for Flushing Freshman Team, or \$1200 for Douglaston Freshman Swim team as stated in the payment plan listed above. I understand that failure to pay off the total Swim Team fee amount owed, by March 5st 2009, will be reported to a collection agency which will affect my credit.

Full Name (please print): _____

Signature: _____ Date: _____

Gateway Sports Inc.

61 Benson Street,

Albany, NY 12206

Telephone: (718)776-5566

Website: www.gatewaysportsclub.com

Swim Team Policy and Contract

- 1) Swimmers must attend at least 4 days of practice per week unless on a school swim team (Flushing only). Keep in mind if your child does not attend 4 days a week of practice, please do not join this team because your child will be kicked off the team with no refund!!! Attendance will be taken at every practice to keep track of proper attendance.
- 2) You must attend swim meets!!!!!!!
- 3) Late coming will not be tolerated. Swimmers should be at least 15minutes early and must be dressed and ready for practice.
- 4) Swimmers must bring swimming equipment at all times even if we do not use it everyday (pull buoys, kickboards, paddles and fins.)
- 5) Parents are not allowed on the pool deck or to talk to the coaches during practice.
- 6) Parents are responsible for checking their emails regularly for team updates, news and swim meet info.

I, _____, understand and agree to the terms and conditions listed above. I understand that if I do not follow the rules listed above, my child will not be allowed to swim anymore. I understand that there will be no refund as a result and I will still be accountable for paying off the total team fee. I also understand that if I do not pay off the total fee, even if my child is off the team, Gateway Sports Inc. will present my debt to a collection agency which will affect my credit.

Print Name: _____

Signature: _____ Date: _____

For Official Use Only:

Check # _____

Total Amount \$ _____

Receipt # _____

Paid \$ _____

Balance Due \$ _____