

Ozaukee Aquatics

As a new member of Ozaukee Aquatics, you should have received the following items. We ask that you take a moment to read the attached information regarding financial and volunteer responsibilities as a member of Ozaukee Aquatics. Please place a check mark next to the items listed if you have received them. Then sign below indicating that you have read and agreed to these policies as set forth by Ozaukee Aquatics. Return this form to the Registration chair with your registration forms. Please bring your entire registration packet to the general parent meeting. We will have a question and answer session.

- Ozaukee Aquatics Registration form
- Medical information/Contact form
- Transfer form if applicable
- Parent Agreement
- Swimmer Exit form
- Swim meet sign up form
- Volunteer sign up form
- OZ home meet worker/advertising form
- I understand that I will receive team communication in my pool mailbox and that it is my responsibility to check the mailbox regularly.
- Team handbook is available on the website www.ozaukeeaquatics.com for your review. To keep club printing costs down please review online. If you need a hard copy please indicate here. _____

I have read the above checked policies and agree to abide by them. Failure to comply with these policies may result in either a fine, or a dismissal from the team until any fees owed to the team have been paid.

Signature

Date

Print Name

Swimmer Name

OZAUKEE AQUATICS, Inc.
REGISTRATION AGREEMENT

Pool Mailbox
Cedarburg__ Mequon__

I. REGISTRATION INFORMATION

FAMILY NAME: _____
Last Mother Father

ADDRESS: _____
Street

City State Zip E-mail Address

PHONE: _____
(10-Digit#) Home Father's Work Mother's Work Cell Phone

SWIMMER #1

NAME _____
Last First Middle

NICKNAME: _____

BIRTHDAY ___/___/___ AGE: _____ Returning _____ New _____
(please check one)

Transfer? _____ Previous Team: _____ Last Swim Meet Date: _____

Swimmer #1 Team Assignment: Novice Silver Age Group Junior Senior

SWIMMER #2

NAME _____
Last First Middle

NICKNAME: _____

BIRTHDAY ___/___/___ AGE: _____ Returning _____ New _____
(please check one)

Transfer? _____ Previous Team: _____ Last Swim Meet Date: _____

Swimmer #2 Team Assignment: Novice Silver Age Group Junior Senior

SWIMMER #3

NAME _____
Last First Middle

NICKNAME: _____

BIRTHDAY ___/___/___ AGE: _____ Returning _____ New _____
(please check one)

Transfer? _____ Previous Team: _____ Last Swim Meet Date: _____

Swimmer #3 Team Assignment: Novice Silver Age Group Junior Senior

II. AGREEMENT

In consideration for participation in Ozaukee Aquatics Swim program, the parent and Ozaukee Aquatics, Inc. (OZ) agree as follows:

1. Dues

- (a) In consideration of the participation of the swimmer(s) in OZ's competitive swim program, the Parent agrees to pay the dues for the Swimmer's practice level that are set forth on the attached Program Fees Schedule. Payment is due at the start of each session. Monthly payment of dues if elected are due and payable on the first day of each month, September - July. Annual dues may be prepaid in full to receive a 10% discount.
- (b) If the Swimmer is transferred to a different practice level by the coaching staff, the difference in dues for the two practice levels shall be prorated for the remainder of the swim year.
- (c) High School Swimmers entering and leaving mid-session for HS swim seasons will be prorated on a case by case basis.
- (d) If the Swimmer quits the swim program or is unable to continue participation in the program prior to June 1, the swimmer is obligated to pay the dues installment for the month in which the Swimmer withdraws from the program. If the swimmer withdraws after June 1st, no dues will be refunded.
- (e) A late fee of up to \$10.00 may be assessed for all payments not made by the 10th of the month.
- (f) If registration is not completed in person on the designated date(s), a late registration fee of up to \$20 may be assessed.

2. Suspension

- (a) If any invoiced dues payment is not received in full by the last day of the month, a notice of delinquency will be mailed. If Parent shall fail to pay any delinquent dues or assessment, including late fees, within 14 days from the date of written notice of delinquency, the Swimmer shall be suspended from further participation in all OZ activities, including, but not limited to, practices and meets.
- (b) If Parent becomes delinquent in payment of dues or assessments because of financial hardship, he/she may apply to the Treasurer for a waiver of late fees and suspension. A waiver may be granted by OZ if satisfactory arrangements are made for payment of the delinquent amounts.

3. Meet Fees

- (a) Parent will make payments to the Swimmer's account for Meet Fees as required by OZ from time to time. Parent shall pay the required amount within 30 days from the date of the notice from OZ.
- (b) If Parent shall fail to make a required Meet Fee payment within 30 days from the date of the notice from OZ, Swimmer shall not be entered thereafter in any meets until the required amount is paid in full.
- (c) There will be no fees assessed for OZ Dual Meets.

4. **Team Assignments:** The assignment of the Swimmer(s) to a practice team level shall be the decision of the coaching staff. An assignment may be modified during the swim year if the coaching staff believes a different practice team would be more appropriate for the Swimmer.

5. **Release of Liability:** Parent hereby releases OZ, its employees, officers, directors and volunteers, and any facility used by OZ from any liability arising out of any injury to the Swimmer(s) which may occur while the Swimmer(s) is/are participating in the OZ swim program, including, but not limited to, practices, meets, travel trips, and other team activities, or while the Swimmer(s) is/are using facilities owned, leased or used by OZ.

7. **Fundraising Projects/Swim Meets:** Revenue from fund raising and swim meets constitutes a significant part of the OZ operating budget and helps reduce members' dues. In any fund raising project or swim meet designated by the Board of Directors as one in which participation is mandatory, Parent agrees that at least one adult family member shall participate as a volunteer. If an adult family member does not participate in the project, parent will pay to OZ the amount of any non-participation assessment set by the Board of Directors. Payment must be made within 30 days from the date of written notice of assessment. If payment is not made within the 30-day period, a late fee of \$15 will be added to the assessment, and a notice of delinquency will be sent to the Parent. We encourage all our families to volunteer at these and all other meets to enjoy watching and supporting swimming

and young athletes at their best.

The specific fundraising requirements for 2009-2010 are detailed as follows:

- A. Participation requirement – to be fulfilled regardless of whether your swimmer is competing in this meet or not.
 - 1. Each family must provide one adult volunteer for at least two sessions at the OZ Fall Classic Swim Meet, to be held at the Homestead High School Pool on October 23, 24, & 25, 2009. Any family not fulfilling this requirement will be assessed a \$50 fee per session missed no later than December 1, 2009.
 - 2. Each family must also provide one adult volunteer for at least two sessions at the OZ Regional Swim Meet, to be held at the Homestead High School Pool in February 19, 20, & 21, 2010. Any family not fulfilling this requirement will be assessed a \$50 fee per session missed no later than April 1, 2010.

- B. Fundraising – The Board of Directors has designated all other Fundraising projects as wholly voluntary for 2009-2010. Families will have an opportunity to directly reduce their swimming expenses while helping the club raise monies to continue and improve upon our programs. Members will receive a credit to their OZ account in the amount of 25% of the total amount they raise in fundraising activities sanctioned by the Board. Currently scheduled projects include:
 - 1. Sales of Advertising to be placed in heat sheets at the OZ Fall Classic Meet and the OZ Regional Meet.
 - 2. Cookie Dough Sale (November)
 - 3. Spring Flower Sale (February thru March Sales, Delivery early May)
 - 4. Concession Donations: value of commercially packaged items contributed for concession sales at swim meets (May be items you have solicited as donations from local businesses).
 - 5. Additional Fundraising opportunities will be announced.

MEDICAL INFORMATION & EMERGENCY RELEASE
(ONE PER SWIMMER)

Swimmer's Name _____

Parents' Names: _____

Home Phone: _____ Parent's Work Phone: _____ Cell Phone: _____

1. In the space provided below, list any pertinent health or medical information and instructions or special problems (allergies, tetanus booster dates, drug allergies, asthma, prescriptions, etc.)

2. Aside from yourselves (the parents of the Swimmer), please indicate (in order), those individuals that you would like the coaches to contact should there be an emergency involving your child:

3. Swimmer's Doctor: _____ Phone _____

4. Swimmer's Dentist: _____ Phone _____

I (we) hereby give our permission for _____
to participate in practice and travel with the Ozaukee Aquatics, Inc. to local and out-of-town meets throughout the current swim season. Although I expect all reasonable safety procedures to be followed, I will not hold the coaches of OZ nor any chaperone or volunteer working with or traveling with the group personally liable for any accident which may occur.

In case of a minor emergency (cuts, scratches, etc.), I (we) give permission to the coaches or chaperones to provide first aid as necessary. In the event of a more serious emergency, I give permission for it to be handled in the best manner as determined by the chaperones or coaches of OZ until I am able to be contacted.

TO THE ATTENDING PHYSICIAN OR HOSPITAL:

Permission is hereby granted for you at the discretion of the coaches or chaperons of OZ to perform whatever care is necessary for the welfare of my child until such time as you are able to reach me personally.

INSURANCE INFORMATION (must be complete)

Subscriber's Name (parent): _____

Insurance Company: _____

ID # _____

Group # _____

Insurance Coverage (i.e. medical, dental): _____

Insurance authorization phone number: _____

Preferred local hospital: _____

_____	_____
Parent or Guardian Signature	Date

Ozaukee Aquatics Swim Team 2009/2010 Program Fees

Session	Dates
I	September 8 – December 5
II	December 7 – March 12
III	March 29 – August 6

Level	Session I	Session II	Session III	Session Annual Total	Annual Minus 10% Paid in full Discount	Annual USS Registration Fee
Senior	\$304	\$304	\$412	\$1020	\$918	\$53
Junior	\$265	\$265	\$360	\$890	\$801	\$53
Age Group	\$234	\$234	\$318	\$786	\$707	\$53
Silver	\$212	\$212	\$286	\$710	\$639	\$53
Novice	\$175	\$175	\$240	\$590	\$530	\$53
Masters	\$145	\$145	\$190	\$480	\$432	\$40 **

Annual USS Registration Fee must be paid once per year when each swimmer enters the program. USS Registration year runs September 1 through August 31. It provides required insurance for all swimmers.

**Masters swimmers must register independently with USMS for the \$40 fee. USMS coverage year is January 1 through December 31. Registration information is online at <http://www.swim-wimasters.org/>

Member Fee calculation:

	Swimmer 1	Swimmer 2	Swimmer 3
Single Session:	\$ _____	\$ _____	\$ _____
-OR-			
*All Sessions:	\$ _____	\$ _____	\$ _____
Multiple Swimmer 10% Discount:	_____	_____	_____
USS Registration:	\$53.00	\$53.00	\$53.00
TOTAL FEES	\$ _____	\$ _____	\$ _____
	Swimmer 1 Total	Swimmer 2 Total	Swimmer 3 Total

Total Amount Due \$ _____

Amount Enclosed _____ I choose to make monthly payments
 *Annual Fee must be paid in full at time of registration to qualify for annual 10% discount.

Credit Card: Mastercard or VISA **Cardholder Name:** _____
Expiration Date: _____ **Card #:** _____
Authorized Signature: _____ **Date:** _____

**Ozaukee Aquatics Short Course 2009-2010 Season
Meet reservation Form ** Due September 11 ****

Place a check mark in the box of the dates of the meets you would like to attend

<input type="checkbox"/>	Fri	09/25/09	Dual Meet vs TBA & TBA	Non-state swimmers	
<input type="checkbox"/>	Sat	10/03/09	SWAT @ Waukesha South High School	Distance Meet All Team	AM: 13 & Over PM: 12 & Under
<input type="checkbox"/>	Sat	10/10/09	EBSC @ Brookfield High School	9 & Under ONLY	AM Only
<input type="checkbox"/>	Fri	10/16/09	LAKE @ Arrowhead High School	Distance	Seniors Only
<input type="checkbox"/>	Fri	10/23/09	OZ Fall Classic @ Homestead High School	All Team	AM: 13 & Over PM: 12 & Under
<input type="checkbox"/>	Sat	10/24/09			
<input type="checkbox"/>	Sun	10/25/09			
<input type="checkbox"/>	Sun	11/08/09	NSSC @ Nicolet High School	Open	AM Only
<input type="checkbox"/>	Sun	11/15/09	Badgerland Invite @ Shorewood High School	12 & Under ONLY	
<input type="checkbox"/>	Fri	11/20/09	GLO Meet @ Walter Schroeder Aquatic Center	Prelim/Final Qualify BB	AM: 13 & Over PM: 12 & Under
<input type="checkbox"/>	Sat	11/21/09			
<input type="checkbox"/>	Sun	11/22/09			
<input type="checkbox"/>	Fri	12/04/09	Dual Meet vs. LAKE @ TBA	Non-state swimmers	
<input type="checkbox"/>	Fri	12/11/09	Nike Meet @ Waukesha South High School	Qualify BB All Team	AM: 13-14, Seniors PM: 10 & Under, 11-12
<input type="checkbox"/>	Sat	12/12/09			
<input type="checkbox"/>	Sun	12/13/09			
<input type="checkbox"/>	Fri	01/08/10	BAC Travel Meet @ UW Madison Natatorium	All Team	Fri: 12 & Under, Open AM: 10&Under, 11-12 PM: 8 & Under, 13-14
<input type="checkbox"/>	Sat	01/09/10			
<input type="checkbox"/>	Sun	01/10/10			
<input type="checkbox"/>	Fri	01/15/10	Dual Meet vs. TBA @ TBA	Non-state swimmers	
<input type="checkbox"/>	Sat	01/23/10	Shorewood Invite @ Shorewood High School	All Team Swim your own age	AM: 12, 13, 14&Over PM: 7U, 8, 9, 10, 11
<input type="checkbox"/>	Sun	01/24/10			
<input type="checkbox"/>	Fri	02/05/10	SSTY @ Walter Schroeder Aquatic Center	Prelim/Final Qualify A+	
<input type="checkbox"/>	Sat	02/06/10			
<input type="checkbox"/>	Sun	02/07/10			
<input type="checkbox"/>	Sun	02/07/10	Dual Meet Championship @ Cedarburg High School	Non-state swimmers	8AM Warmup 9AM Start
<input type="checkbox"/>	Fri	02/19/10	OZ Regional Meet @ Homestead High School	All Team	
<input type="checkbox"/>	Sat	02/20/10			
<input type="checkbox"/>	Sun	02/21/20			

**** DATES TO KEEP IN MIND ****

12 & Under Short Course State – February 26-28, 2010 @ UW Madison Natatorium
13 & Over Short Course State – March 4-7, 2010 @ Walter Schroeder Aquatic Center
Speedo Championships – March 10-14, 2010

Swimmer Name _____

Each swimmer pays a splash fee to enter a meet in addition to the entry fee for individual events and relays. The total cost of each meet is approximately \$30.00. Please total the number of meets you plan to attend and multiply by \$30. Attach a check for that amount to this reservation form and return with registration materials. If entry fees for your swimmer are over the amount paid, you will be billed. All extra monies will be kept in your account to be used for future swims. **If your meet entry account falls below zero for 2 consecutive months, your swimmer will not be entered into future meets until this balance is rectified.**

Prior to each meet, you will have a chance to add/drop a meet 3 weeks before the meet begins. Once meet entries have been submitted to the host team, we cannot issue refunds if you decide not to swim the meet. If you cancel your entries after they have been submitted and your swimmer has been assigned to a relay that then must be forfeited, you will be charged for the entire relay's entry fee.

WISCONSIN SWIMMING TRANSFER FORM

Athlete's Name (L) _____ (F) _____ ((MI) _____

Address _____

City _____ State _____ Zip _____

Birthdate _____ Sex _____ USA Number _____
(MONTH-DATE-YEAR) (M-F)

Old USA Club Name _____ Code _____

Address _____

City _____ State _____ Zip _____ LSC _____

LAST USA COMPETITION REPRESENTING OLD CLUB (MUST BE COMPLETED)

Name of Meet _____ Date _____

New USA Club Name _____ Code _____

Address _____

City _____ State _____ Zip _____ LSC _____

I understand that I cannot legally represent my new USA club in any competitive event for a period of 120 consecutive days since the date of my last competition for my previous USS team; I must swim as UNATTACHED until the requested transfer has been completed.

I have no outstanding debts or fees due to my former club.

The above information is true and correct to the best of my knowledge.

Sign and Date _____ Phone _____
(parent or legal guardian if athlete is a minor)

Complete this form and return to your coach or club registration person.

Club Registration Chair: If transfer occurs September 1 --December 31, please include check for \$53 (swimmer must register for the new USA Swimming year)

Return completed form to: Wisconsin Swimming/Carol Graham
1716 Thrush Lane
Mequon, WI 53092

OZAUKEE AQUATICS

VOLUNTEER REQUIREMENTS

All members of the Ozaukee Aquatics Swim Team have certain obligations to the team. An integral part of any club sport is the commitment of all members toward the success of the team and its individual swimmers. **For that reason we require that all families participate in at least one committee to assist with the team.** It is an excellent opportunity to become involved and meet the other swimmers and parents.

Enclosed is the listing of Ozaukee Aquatics committees and opportunities available for volunteers. Please select one or more. Return it with the accompanying registration/billing materials or to the volunteer folders at the pool mailbox, **no later than September 31, 2009**. The committee chairs will contact each volunteer to confirm their selection. Thank you for your commitment. It will ensure the success of our team and your individual swimmer(s).

If you have any questions or concerns please contact the board members or committee chairs as listed below:

Board Members

Position:

President
Secretary
Treasurer
Members at Large

Name:

Alan Burkard
Kathy Happ
John Herbert
Rick Richter
Michelle Rsot

E-Mail Address

Alan.burkard@marquette.edu
shapp@wi.rr.com
johnjherbert@hotmail.com
mrichter2@wi.rr.com
mlrost@wi.rr.com

VOLUNTEER POSITIONS

- Membership Coordinator (1)**
 - Registration – Cedarburg Pool (2)
 - Registration – Mequon Pool (2)
 - New Parent Orientation – Cedarburg Pool (2)
 - New Parent Orientation – Mequon Pool (2)
 - Mailboxes (1)

- Marketing / Public Relations Coordinator (1)**
 - Team Photographer (2)
 - Local Paper Liaison (2)
 - School Flyers/Publicity (1)
 - Parade Coordinator (3)
 - Advertising (2)

- Communications Coordinator (1)**
 - Website Manager /Webmaster (2)
 - Bulletin Boards (2)
 - Newsletter (3)

- Swim Meet Director (2)**
 - Concessions Coordinator (2)
 - Officials Coordinator (2)
 - Volunteer Coordinator (2)
 - Trophies/Awards Coordinator (1)
 - Vendor Coordinator (1)

- Team Apparel / Team Spirit Coordinator (1)**
 - Clothing / Team Logo / Gifts / Accessories (2)
 - Slide Show / Team Spirit (2)
 - Team Photo (1)

- Fundraising Coordinator (2)**
 - Flower Sale (4)
 - Swim-a-Long (4)
 - Cookie Dough (2)
 - Heat Sheet/ Advertising (2)
 - Other – as needed (8)

- Social Coordinator (2)**
 - Banquet (8)
 - Fun Night (2)
 - Other – as needed (4)

VOLUNTEER DESCRIPTIONS

Membership Coordinator Chair: _____

- Registration (4 volunteers)** – Compile swimmer packets for registration. Take registrations at the pools during registration week. Total time commitment ~6 hours (Aug/Sep). Reports to Membership Committee Chair.

- New Parent Orientation (4 volunteers)** – This is our “Goodwill Ambassador” position. Attend new parent orientation meeting at the beginning of each quarter to help answer any questions or concerns from new families. Greet new families at pool and during first few weeks of practice and during meets. Total time commitment ~8 hours (Sep/Apr). Reports to Membership Committee Chair.

- Mailboxes (2 Volunteers)** – Maintain OZ swimmer mailboxes at each pool. Add folders as new swimmers are added to roster. Move folders between pool locations if swimmers notify OZ of a change in practice site. Time commitment ~4 hours (primarily Sep/Apr). Reports to Communications Committee Chair.

Marketing / Public Relations Coordinator Chair: _____

- Team Photographer (2 volunteers)** – Using your own equipment, take pictures of OZ swimmers during practices, meets and other activities. Provide electronic copy to OZ to help promote and celebrate activities/milestones. The intent is to gather a sampling of all groups (Novice, Silver, Age, Jr, Sr). The photos taken will be used in Newspaper articles, on OZ websites and in slide show during year-end banquet. Total time commitment ~10 hours throughout the year. Reports to Marketing/PR Committee Chair

- Local Paper Liaison (2 volunteers)** – Maintain relationship with local media outlets (primarily newspapers). Submit articles detailing significant events (meet results, time standards achieved, state/national achievement, etc). Publicize the team activities including Registration for new members, Fundraising activities, Year-end banquet, etc. Total time commitment will vary. Goal is 4 articles per year. Reports to Marketing/PR Committee Chair

- School Flyers/Publicity (2 volunteers)** – Maintain relationship with area schools (Mequon, Cedarburg, Grafton, Port Washington, etc). Develop and deliver promotional flyers for distribution. Contents might include

New Registrations, Student achievement, etc. Total time commitment ~6 hours throughout year. Reports to Marketing/PR Committee Chair

- Parade Coordinator (4 volunteers)** – Coordinate entry in Cedarburg’s July 4 parade. Design/decorate vehicle, gather supplies (water for participants, handouts for spectators), Publicize event to OZ members via website, mailbox flyers. Time commitment ~4 hours (Jun/Jul). Reports to Marketing/PR Committee Chair.

Communications Coordinator Chair: _____

- Website Manager /Webmaster (2 volunteers)** – Manage all facets of team website (www.ozaukeeaquatics.com). Total time commitment will vary. Reports to Communications Committee Chair.
- Bulletin Boards (2 volunteers)** – Keep team bulletin boards at each pool up to date and professional looking. Contents of bulletin boards would include time standards, pool calendars, swim meet schedules, contact info, promotional flyers and any other information deemed relevant. Time commitment ~6 hours throughout year. Reports to Communications Committee Chair.
- Newsletter (4 volunteers)** – Coordinate the quarterly newsletter. Set timeframes for when newsletter articles are due. Solicit Board members, Coaches and Committee Chairs to submit articles for inclusion in newsletter. Coordinate layout and printing of newsletter. Additional volunteers will be provided as needed for compiling, stuffing, mailing, etc. Total time commitment ~8 hours (quarterly). Reports to Communications Committee Chair.

Swim Meet Organizer -Co-Chair: _____

Co-Chair: _____

- Concessions (2-4 volunteers)** – Ensures proper setup, supplies, price lists, food items, signage and other items needed for a successful concession operation. While many volunteers will be available to work concessions during the meets, the bulk of this position will occur the 2 weeks leading up to each home meet. Total time commitment ~10 hours. Reports to Swim Meet Committee Chair.
- Officials (2 volunteers)** – Organize Officials for all OZ meets (Starters, Stroke/Turn, Head Timer, Meet Marshall, etc). Maintain a database of Officials (including level of qualification). Maintain relationship with

other clubs Officials and communicate training events to ensure the club can meet its requirements in the long term. Total time commitment ~10 hours throughout the year. Reports to Swim Meet Committee Chair.

- Volunteer Coordinator (4 volunteers)** – Each family is required to work two sessions for each home meet. The Volunteer coordinator will solicit volunteers and assign them to required tasks. Contact families as needed to fill open spots. Total time commitment ~10 hours throughout year. Reports to Swim Meet Committee Chair.
- Trophies/Awards (1 volunteer)** – Ensure adequate supply of ribbons and trophies are available for each meet. Assist Banquet committee in securing Banquet awards and other incentives. Total time commitment ~6 hours throughout year. Reports to Swim Meet Committee Chair.
- Vendor Coordinator (1 volunteer)** – Maintain liaison with vendors for home meets. Ensure proper table setup, signage and adequate traffic flow. Total time commitment ~6 hours. Reports to Swim Meet Committee Chair.

Team Apparel / Team Spirit Coordinator Chair: _____

- Clothing / Accessories (2 volunteers)** – Coordinate team suit, apparel, gifts and accessories. Maintain supply of team-logo items. Fulfill apparel orders and ensure delivery of orders/awards. Maintain liaison with apparel suppliers. Total time commitment ~10 hours throughout year. Reports to Team Spirit Committee Chair.
- Slide Show / Team Spirit (3 volunteers)** – Coordinate annual team photo and slide show to be presented at banquet. Build excitement among swimmers, coaches and parents regarding the OZ team. It is anticipated that High School age swimmers will assist in compiling Slide Show. Total time commitment ~10 hours. Reports to Team Spirit Committee Chair.

Fundraising Coordinator Co-Chair: _____

Co-Chair: _____

- Flower Sale (4 Volunteers)** – volunteers are needed to help unload plants, inventory plants, assist in assembling plant orders, maintain liaison with local nurseries. Total time commitment ~10 hours (April/May). Reports to Fundraising Committee Chair.
- Swim-a-Long (4 volunteers)** – volunteers are needed to promote the event, determine achievement levels, compile results, collect funds, distribute awards. Total time commitment ~10 hours. Reports to Fundraising Committee Chair.
- Cookie Dough (4 volunteers)** – Volunteers are needed to distribute sales packets, collect orders, assist in assembling orders, distribute orders. Total time commitment ~10 hours (late fall). Reports to Fundraising Committee Chair.
- Heat Sheet / Advertising (4 volunteers)** – Solicit area businesses for meet and team sponsorships. Gather advertisements and motivational inserts (Parent ads) for inclusion in heat sheets. Coordinate layout and printing of heat sheets for each home meet. Total time commitment ~10 hours throughout year. Reports to Swim Meet Committee Chair
- Other Fundraising (8 volunteers)** – Implements club needs in terms of additional fundraising activities as determined by the Finance Committee. Assist with the success of ongoing fundraisers such as the annual flower sale, Cookie Dough, Swim-a-long and heat sheet advertising. Total time commitment will vary. Reports to Fundraising Committee Chair.

Social Coordinator Co-Chair: _____

Co-Chair: _____

- Banquet (10 volunteers)** – Volunteers are needed for set-up, planning, clean up, selection of venue (location) and coordinate with caterer. Total time commitment ~10 hours (May/Jun). Reports to Social Committee Chair.
- Other Social activities (6 volunteers)** – Aside from the banquet, other functions may be planned throughout the year as the committee deems necessary. The Social committee will also work closely with the Marketing, Communication and Fundraising committees. Total time commitment will vary. Reports to Social Committee Chair

VOLUNTEER SIGN-UP

Name: _____

Phone Number: _____

e-mail address: _____

Please select at least 1 or more.

<ul style="list-style-type: none"><input type="checkbox"/> Membership Coordinator (1)<ul style="list-style-type: none"><input type="checkbox"/> Registration – Cedarburg Pool (2)<input type="checkbox"/> Registration – Mequon Pool (2)<input type="checkbox"/> New Parent Orientation – Cedarburg Pool (2)<input type="checkbox"/> New Parent Orientation – Mequon Pool (2)<input type="checkbox"/> Mailboxes (1) <input type="checkbox"/> Marketing / Public Relations Coordinator (1)<ul style="list-style-type: none"><input type="checkbox"/> Team Photographer (2)<input type="checkbox"/> Local Paper Liaison (2)<input type="checkbox"/> School Flyers/Publicity (1)<input type="checkbox"/> Parade Coordinator (3)<input type="checkbox"/> Advertising (2) <input type="checkbox"/> Communications Coordinator (1)<ul style="list-style-type: none"><input type="checkbox"/> Website Manager /Webmaster (2)<input type="checkbox"/> Bulletin Boards (2)<input type="checkbox"/> Newsletter (3)	<ul style="list-style-type: none"><input type="checkbox"/> Swim Meet Director (2)<ul style="list-style-type: none"><input type="checkbox"/> Concessions Coordinator (2)<input type="checkbox"/> Officials Coordinator (2)<input type="checkbox"/> Volunteer Coordinator (2)<input type="checkbox"/> Trophies/Awards Coordinator (1)<input type="checkbox"/> Vendor Coordinator (1) <input type="checkbox"/> Team Apparel / Team Spirit Coordinator (1)<ul style="list-style-type: none"><input type="checkbox"/> Clothing / Team Logo / Gifts / Accessories (2)<input type="checkbox"/> Slide Show / Team Spirit (2)<input type="checkbox"/> Team Photo (1) <input type="checkbox"/> Fundraising Coordinator (2)<ul style="list-style-type: none"><input type="checkbox"/> Flower Sale (4)<input type="checkbox"/> Swim-a-Long (4)<input type="checkbox"/> Cookie Dough (2)<input type="checkbox"/> Heat Sheet/ Advertising (2)<input type="checkbox"/> Other – as needed (8) <input type="checkbox"/> Social Coordinator (2)<ul style="list-style-type: none"><input type="checkbox"/> Banquet (8)<input type="checkbox"/> Fun Night (2)<input type="checkbox"/> Other – as needed (4)
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Please return to the Volunteer mail box at each pool

TEAM SWIM SUIT ORDER FORM

Ozaukee Aquatics's team swim suit is the TYR Alliance series. The female suit is the Alliance Lightning in navy/orange and the male suit is the Alliance Splice in navy/orange. Although the team suit is not absolutely required, it is strongly recommended as it supports team unity and it is a great suit for both practice and competition. The suit can be purchased at the store of our choice (we recommend Walter's as you will receive a 10% discount for being on OZ), or through our Apparel Manager. If you know your suit size, please indicate below and return this form, along with your check, to the "Treasurer's" folder at either pool. The suit will be delivered to your child's coach. If you are new to the team and unfamiliar with competition suit sizes, please speak with your child's coach for suggestions. You may also contact me with any questions.

Kathy Happ
Apparel Manager
shapp@wi.rr.com

Female Suit (\$40) : 22, 24, 26, 28, 30, 32, 34, 36

Male Suit (\$35) : 22, 24, 26, 28, 30, 32, 34, 36 (please indicate Jammer or Brief)

Suggested Swim Supply Retailers – great for goggles, caps, suits, backpacks, fins, etc.

Walters Swim Supplies
14155 W. Capitol Dr.
Brookfield 262-790-9199

Kiefer Swim Shop
Schroeder Aquatic Center (in the Rite/Hite YMCA)
9250 N. Green Bay Rd.
414-354-7943

Ozaukee Aquatics Swimmer Exit Form

Notification that your swimmer is leaving the team is very important to prevent further billing and upkeep of record keeping. It is the parent's responsibility to notify the team by filling out the form or calling the treasurer.

My son/daughter will no longer be swimming with the Ozaukee Aquatic swim team. I understand I will be responsible for any outstanding dues, entry fees, registration and fundraising events that were billed prior to this date.

Swimmer Name _____

Parent Name _____

Date _____

Comments _____

Please return this form the treasurer folder at any pool.
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Business Manager

Team Manager

Mailbox

Coaching Staff

Pick 'N Save We Care Program

Each time you use your Pick 'N Save card at the check out, a donation from that purchase is added to our account number. Simply indicate our account number at the service desk at Pick 'N Save. The donation will be made when you shop at any Pick 'N Save store. This is a great fundraiser for us so please help support the program.

Ozaukee Aquatics
Organization Number:

502900