

June 1, 2009

Dear Sea Devil Families,

We hope that you have had a great year with Sea Devil Swimming. We would like to share with you some updates as we head into registration for the 2009-2010 season. Your swimmer's coach should have been in touch with you on your swimmers' recommended placement for the coming season. We will guarantee returning SDS swimmers their appropriate spot as long as you register before June 15.

- Registration for currently registered Sea Devils families will open on June 1, 2009.
- \$200 non-refundable family deposit at time of registration will secure your slots and will be applied to the total balance due with options to pay the balance under one of several payment plans:
  - Early bird – \$200 non-refundable deposit, balance posted on July 1
    - Save \$50 for competitive programs
    - Save \$25 for clinic programs
  - Full pay plan - \$200 non-refundable deposit at time of registration secures your slots and balance posted on/about August 15.
  - Premium two-pay plan - \$200 non-refundable family deposit at time of registration and payments posted August 15 and January 1.
- Multi-swimmer discounts will be applied by the registrar prior to auto billing. They do not appear on the check-out screen.
  - \$200 11-month competitive programs
  - \$150 9-month competitive programs
  - \$50 Weekend swim clinic programs
- On-line registration helps to lower our overhead and saves you fees, as such, there is an additional charge of \$25 fee for paper registration.
- Through the on-line registration we can accept *Mastercard, Visa, Discover Card* and *Echeck*.

We look forward to continuing to work with you and your swimmers during the 2009-2010 season. Please contact me with any questions, email is preferred and allows for a more immediate response.

Sincerely,

Melanie McKula  
SDS Registrar  
Sea Devil Swimming  
P.O. Box 650070  
Potomac Falls, VA 20165

email: [admin@seadevils.org](mailto:admin@seadevils.org)  
phone: (703) 918-9208 (mailbox #1)

## SDS PROGRAMS

Nowhere is commitment to excellence more clearly demonstrated than in the careful structuring of our practice program. Experienced professionals, design the program with long-range goals in mind, to nurture novice competitors through each level of the sport as they realize their potential.

The Sea Devil Swimming offers practice levels that are designed to help youngsters grow in the skill and strength at each stage. At each level the training and commitment required intensifies. Following is an outline of our practice levels:

### CLINIC PROGRAMS

**WEEKEND CLINICS (6-14 year olds) 9 month program Sept - May**

This level is designed to start novice swimmers into the sport of swimming while allowing maximum opportunity to participate in other activities. Basic freestyle skills required. Emphasis is on teaching the fundamentals of the four competitive strokes by means of drills and games, which make swimming fun. 5 year olds only with approval of the clinic director. Offered at Holton, Lab, Madeira, Tuckahoe. No USA Swimming meets  
Practice time: 1 hour per week on weekends.

**AM CLINICS Only at South Run (6-14 year olds) 9 month program Sept – May**

This level is designed to start novice swimmers into the sport of swimming while allowing maximum opportunity to participate in other activities. Basic freestyle skills required. Emphasis is on teaching the fundamentals of the four competitive strokes by means of drills and games, which make swimming fun. Offered mornings T or Th only at South Run.  
No USA Swimming meets.  
Practice time: 1 hour per week on weekdays.

**VARSITY CONDITIONING CLINIC - South Run, Tuckahoe, and Madeira.**

(High School Athletes) 9 week program early Sept – early November.

Swimmers preparing for the High School Swim Season, this program requires solid swimming skills and competitive experience.

This clinic is NOT for beginners. No USA Swimming meets.

Practice time: 4-1hour practices per week

### MASTERS PROGRAMS

**MASTERS TRAINING (19 & Older) 9 month program Sept – May**

Early morning training for adult swimmers 19 years and older. Our masters program offers a variety of training levels from the novice to the competitive triathlete to the senior master swimmer who is interested in training for national competition. All Masters must maintain current United States Master Swimming Membership.

Practices time varies by facility – See practice schedules

## AGE GROUP PROGRAMS

### DEVELOPMENTAL (8 & under) 9 month program Sept - May

The emphasis in this category is teaching and repeating proper fundamentals and techniques. Proficiency in starts, turns, and the four competitive strokes is stressed.

Practice time: 1.5-2 hours per week during the week

### AGE GROUP II (10 & under) 9 month program Sept - May

There is a continued emphasis in teaching and repeating proper fundamentals and techniques. Age Group II offers a bridge between fundamentals and intensified training to younger swimmers.

Practice time: 1hour practice twice a week during weekdays.

### AGE GROUP III (9-12 years olds) 9 month program Sept - May

This group allows a slightly intensified practice environment for a very experienced young swimmer or a rapidly advancing athlete. Fundamentals remain the priority emphasis.

Practice time: 3 hours of practice weekdays.

### SELECT (10-12 year olds) offers 9 or 11 month participation

There is continued emphasis on fundamental techniques. More intricate strategies for the longer and more difficult events are introduced. Practice sessions are increased in length and in the number offered per week. This allows for improved physiological adaptations in muscular and cardiovascular fitness. This group is for the younger swimmer who has progressed rapidly. The swimmer receives cyclical attention to the physiological characteristics of power, speed, reaction time, and muscular and cardiovascular endurance. The coaching staff selects members of this group.

Practice time: 5-7 hours of practice per week.

### ELITE PREP TRAINING (13 & OVER) 9 month program Sept - May

Interval based serious training for swimmers preparing for senior and national training groups. This group allows swimmers the flexibility to participate in the sport with no commitment or practice requirements. 4-6 practices are offered depending on location, check practice schedules.

### SENIOR TRAINING GROUP (13-15 year old) 11 month program Sept – July

An introduction to senior level swimming, this group is for committed and motivated 13 and over swimmers willing to prepare for the higher levels of competition. Practices are offered 6 days a week. The coaching staff selects members of this group.

### NATIONAL TRAINING GROUP (14 & OLDER) 11 month program Sept – July

Swimmers with the necessary background and ability—and who have a strong desire to train and compete successfully on a national level—are eligible for this group. A highly individualized program designed to allow each swimmer to attain his/her goals. Nine to eleven sessions per week are offered. The coaching staff selects members of this group.

Swimmer Name: \_\_\_\_\_

Additional Swimmers: \_\_\_\_\_

## Parent Code of Conduct

### Sea Devil Swimming

As a parent of a swimmer and member of Sea Devil Swimming, I will abide by the following guidelines:

- I. Practice teamwork with all parents, swimmers, and coaches by supporting the values of Discipline, Loyalty, Commitment, and Hard Work.
- II. I will not coach or instruct the team or any swimmer at a practice or meets (from the stands or any other area) or interfere with coaches on the pool deck.
- III. Demonstrate good sportsmanship by conducting myself in a manner that earns the respect of my child, other swimmers, parents, officials, and the coaches at meets and practices.
- IV. Maintain self-control at all times. Know my role.  
Swimmers – Swim  
Coaches – Coach  
Officials – Officiate  
Parents – Parent
- V. I understand that criticizing, name-calling, use of abusive language or gestures directed toward the coaches, officials and/or any participating swimmer would not be permitted or tolerated.
- VI. Enjoy involvement with Sea Devil Swimming by supporting the swimmers, coaches, and other parents with positive communication and actions.
- VII. During competitions, questions or concerns regarding decisions made by meet officials are directed to a member of our coaching staff. Parents address officials via the coaching staff only.

*Sanctions:* Should I conduct myself in such a way that brings discredit or discord to Sea Devil Swimming, I voluntarily subject myself to disciplinary action. SDS maintains the right to terminate any membership with/without cause in the interest of our vision, missions, and objectives.

**I HAVE CAREFULLY READ THE ABOVE AND SIGN IT WITH FULL KNOWLEDGE OF ITS CONTENTS AND SIGNIFICANCE.**

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

***Parents' signatures required.***

# 2009-10 Sea Devil Swimming Program Fees

**Required Deposit:** \$200 Non-refundable deposit per account/family is required at time of registration.  
See below for balance due dates.

**Multi swimmer discounts:**

Competitive Programs 11 month programs \$200 for 2<sup>nd</sup> 3<sup>rd</sup> swimmer.  
Competitive/Masters Programs 9 month programs \$150 for 2<sup>nd</sup> 3<sup>rd</sup> swimmer  
Clinic Programs \$50 for 2<sup>nd</sup> 3<sup>rd</sup> & 4<sup>th</sup> swimmers.

**Refund policy:**

- If I withdraw my swimmer prior to the start of the program, I will forfeit my \$200 non-refundable family deposit.
- Withdrawal within the first two weeks, I will forfeit my non-refundable \$200 deposit and 20% of the tuition.
- Withdrawal within the 3<sup>rd</sup> or 4<sup>th</sup> week, I will forfeit my non-refundable \$200 deposit and 50% of the tuition.
- All requests for refunds must be done in writing.
- I understand that after the first month of the program there are NO refunds.

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## *Holton Arms, South Run, Lab School, Madeira School, Tuckahoe*

*Begins the week of September 14, 2009*

Codes	Programs Names	Early Bird	Full Pay	Two-pay	Two-pay
H - Holton Arms	<i>Not all programs are run at all</i>				
L - Lab School	<i>facilities -</i>	Payment due	Payment	1 <sup>st</sup> Payment	2 <sup>nd</sup> Payment
M - Madeira School	<i>Consult schedules.</i>	7/1	due 8/15	8/15	1/1/10
T - Tuckahoe					
S - South Run					
L9, S9, T9	National 11 month	3145	3195	2000	1345
L1, S1, T1	Senior I 11 month	2945	2995	1885	1260
H311, L311, T311, S311	Select 11 month	2300	2350	1500	1000
H39, L39, T39, S39	Select 9 month	2085	2135	1370	915
H2, L2, M2, T2, S2	Elite Prep 9 month	1765	1815	1180	785
H4,L4,M4,T4, S4	Age Group 3 9 month	1570	1620	1060	710
H5,L5,M5,T5, S5	Age Group 2 9 month	1245	1295	865	580
M6, T6, S6	Developmental 9 month	1245	1295	865	580
H8, L7, L8, M7, M8, T7, T8, S7, S8,	Clinic 1 9 month	595	620	430	290
MAS	Masters 9 month	1105	1155	785	520
MMAS	Madeira Masters Prep Clinic - until 11/15	185	210	NA	NA
SMAS	South Run Masters 9 month	640	665	460	305
MHS, THS, SHS	High School Conditioning - until 11/5	600	625	NA	NA

## *St Albans*

*Tentatively begins the week of October 5, 2009.*

*Discounted fees are due to the later start date & unavoidable practice cancellations during the HS varsity season. Alternative practices will be offered whenever possible.*

Code	Programs Names:	Early Bird	Full Pay	Two-pay	Two-pay
		Payment	Payment	1 <sup>st</sup> Payment	2 <sup>nd</sup> Payment
Pool: A St Albans	<i>Consult schedules</i>	due 7/1	due 8/15	8/15	1/1/09
A39	Select 8+ month	2035	2085	1470	830
A2	Elite Prep 8+ month	1715	1765	1150	765
A4 MWF	Age Group 3 8+ month	1520	1570	1030	690
A4 TThF requires approval	Age Group 3 8+ month	1520	1570	1030	690
A5 MW	Age Group 2 8+ month	1195	1245	835	560
A5 T/Th	Age Group 2 8+ month	1195	1245	835	560
A6A	Developmental 8+ month	1195	1245	835	560
A6B	Developmental 8+ month	1195	1245	835	560

7/15/09

Pool: \_\_\_\_\_ Time: \_\_\_\_\_

Swimmer Name: \_\_\_\_\_

Additional Swimmers: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## **SEA DEVIL SWIM CLINIC WAIVER/RELEASE OF LIABILITY**

*PLEASE READ CAREFULLY BEFORE SIGNING.  
THIS IS A RELEASE OF LIABILITY AND WAIVER OF CERTAIN LEGAL RIGHTS.*

I, \_\_\_\_\_, the parent/guardian of the participant(s) agree and understand that swimming is a HAZARDOUS activity. I recognize that there are risks inherent in the sport of swimming, including but not limited to, paralyzing injuries and death.

The participant hereby agrees to participate in the Sea Devil Swim Clinic Program and hereby agrees to indemnify and hold harmless Sea Devil Swimming, its coaches, officers, directors, agents and employees against any liability resulting from any injury that may occur to the participant while participating in Sea Devil Swim Clinic Programs. The participant also agrees to indemnify Sea Devil Swimming for any damages incurred arising from any claims, demand, action or cause of action by the participant.

The participant authorizes any representative of Sea Devil Swimming to have the participant treated in any medical emergency during his/her participation in Swim Clinic Program. Further, the participant and/or parent/guardian agree to pay all costs associated with medical care and transportation for the participant.

I have noted on the back of this form any medical/health problems of which the staff should be aware.

**I HAVE CAREFULLY READ THE ABOVE LIABILITY RELEASE AND SIGN IT WITH FULL KNOWLEDGE OF ITS CONTENTS AND SIGNIFICANCE.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent/Guardian)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent/Guardian)

### *Sea Devil Swimming 2009-2010 Registration*

Please complete form & submit it to Sea Devils PO Box 650070 Potomac Falls VA 20165-0070 fax to 703/450-7822  
 Please note: \$25 fee for paper registration. Please register online at [www.seadevils.org](http://www.seadevils.org) at no additional cost.

**Swimmer(s) Information**

*Please Print Clearly*

Legal Name: First, Middle Initial, Last	Nickname	Birth date	M/F	Pool Initial & Program Name	Code	Medical Concerns <small>Please use other side if needed</small>

<b>Address</b>			
<b>E-mail Address (one per family)</b>	<b>Emer. Contact Name</b> <i>(other than parent)</i>	<b>Phone #</b>	<b>Relationship</b>
<b>Parent Name</b>	<b>Home Phone #</b>	<b>Office Phone #</b>	<b>Cell Phone #</b>

**Please indicate your payment option by checking the appropriate boxes below: All registrations require a \$200 non-refundable deposit.**

- |   |   |   |
|---|---|---|
| <input type="radio"/> Early Bird pay in full by 7/1   | <input type="radio"/> Regular Full Pay by 8/15                            | <input type="radio"/> Premium Two-Pay 1 <sup>st</sup> payment 8/15, 2 <sup>nd</sup> payment 1/1/10  |
| <input type="radio"/> Non-refundable deposit check enclosed.<br><small>(Balance must be received in accordance to plan selected).</small> | <input type="radio"/> Full payment enclosed<br><small>(Thank you)</small> | <input type="radio"/> Completed credit card form is enclosed<br><small>(Payments posted in accordance with plan-\$200 non-refundable deposit posted upon receipt)</small> |

**Please note: Registrations will not be processed without non-refundable deposit. Please include the \$25 fee for paper registration. Contact us by email [admin@seadevils.org](mailto:admin@seadevils.org) with any questions regarding registration and payment.**

<b>I agree to pay the tuition for the 2009—2010 season under the terms outlined in the payment plan I have selected above. I understand the refund policy as outlined.</b>	
_____ <i>Signature</i>	_____ <i>Date</i>

2009-10 VISA/MasterCard Payment Form

Paying by credit card

- \$100 Non-refundable deposit per will be posted upon receipt.
- Charges will be posted according to the payment plan selected.

Check one	Exp date	3 digit V code

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Swimmer's Name: \_\_\_\_\_

Program: \_\_\_\_\_

Please circle preferred payment plan:

Early Bird 7/1

Full Pay Plan 8/15

Premium Two-Pay Plan 8/15, 1/1

\$200 Non Refundable Family Deposit will be charged upon receipt and applied to the balance due. Your payments will be posted to your account on/about the dates listed.

*or*

If you prefer that we post the entire amount due upon receipt of this form, please indicate by placing a check mark beside this statement.

\_\_\_\_\_ Please post the full balance due on my credit card when you receive the form.

Account holder's Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Fax to: 703/450-7822 in home office fax no cover sheet needed  
 or

Mail to: Sea Devil Swimming  
 PO Box 650070  
 Potomac Falls VA 20165-0070

Questions: Email [admin@seadevils.org](mailto:admin@seadevils.org)