Full Opt-Out Form

2026-2027 Swimming Season

Use this form only if your family intends to complete no AFC Service Credits.
Send this completed form to Office@OlympianSwimClub.com within 30 calendar days of your swimmer becoming subject to the AFC Volunteer Service Requirement.

1. Family and Member Information

Parent / Guardian Name _____

OSC Family Account Name _____

E-Mail Address _____

Telephone _____

2. Swimmer Information and Opt-Out Calculation

List every swimmer covered by this election. Sibling-adjusted Service Credits must be confirmed by the OSC Office before the charge is finalized.

Swimmer's Full Name	AFC Category	Required Service Credits	Service Credit charge (credits × $100)
	☐ 1 ☐ 2 ☐ 3		$
	☐ 1 ☐ 2 ☐ 3		$
	☐ 1 ☐ 2 ☐ 3		$
	☐ 1 ☐ 2 ☐ 3		$

A. Total required Service Credits: _____

B. Volunteer replacement charge (A × $100): $_____

C. Number of swimmers subject to AFC: _____

D. Full Opt-Out administrative charge (C × $200): $_____

TOTAL FULL OPT-OUT AMOUNT (B + D): $_____

3. Separate Fundraising Requirement

The $450-per-swimmer Fundraising Requirement is separate from the Volunteer Service opt-out amount. Submitting this form does not automatically satisfy the Fundraising Requirement. You **must select one** of the following options:

☐ I will continue to satisfy the Fundraising Requirement through approved fundraising activities.

☐ I elect to pay the outstanding Fundraising Requirement now: _____ swimmers × $450 = $_____.

I understand that this amount will be added to the total billed to my OSC family account as **a single lump-sum charge** on the next regular billing cycle.

4. Full Opt-Out Election and Acknowledgements

By signing this form, I confirm and acknowledge that:

- I am formally electing Full Opt-Out from the Volunteer Service Requirement for the swimmer(s) listed in this form and do not intend to complete AFC Service Credits for the applicable season.
- I understand that a valid Full Opt-Out consists of $100 for every required Service Credit plus a $200 administrative charge for each swimmer subject to AFC.
- I understand that sibling reductions may reduce the family Service Credit requirement, but **do not reduce the $200-per-swimmer administrative charge**.
- I understand that the amounts calculated on this form are subject to verification by the OSC Office. Once verified, the Full Opt-Out amount, together with any Fundraising Requirement I have elected to pay through this form, **will be billed as a single lump-sum charge** to my OSC family account on the next regular billing cycle and will be payable in accordance with the Club's regular payment terms.
- I understand that the Full Opt-Out election **must be submitted within 30 calendar days** of the swimmer becoming subject to the Volunteer Service Requirement, including where a swimmer later registers in or moves into an AFC-eligible program.
- I understand that submitting this form **does not finalize the amount owing until the OSC Office verifies** the swimmer category, sibling adjustments, applicable dates, and family account information.
- I understand that a late or incomplete form may not qualify as a valid Full Opt-Out election and may be administered under the applicable **non-compliance provisions of the AFC Policy Section 10.4**.
- I certify that the information provided is complete and accurate.

5. Signature

Printed Name _____ **Date Signed** _____

Signature _____

6. Submission

Submit the completed and signed form to the OSC Office (Office@OlympianSwimClub.com). Retain a copy for your records. The OSC Office will confirm whether the election was received within the applicable 30-day period and will provide the verified amount owing.

OSC OFFICE USE ONLY

Date received	
Received by	
Submitted within 30 days	☐ Yes ☐ No
Verified required Service Credits	
Verified Full Opt-Out amount	$
Fundraising paid with opt-out	☐ No ☐ Yes: $_____
Date Verified	

Office notes / adjustments:

_____

_____