

Shirt Size _____
Suit Size _____

Group _____
Check# _____
Start Date _____

2017-18 SEASON

SUMMIT SWIMMING

TEAM REGISTRATION FORM

Swimmers Name (First, MI, Last) _____

Sex ___ Age ___ Birthdate _____ School _____ Grade _____

Street Address _____ Zip Code _____

City _____ Phone _____

Previous Competitive Experience: Summer League ___ High School ___ USS ___

Summer League Team _____ Years Swum _____

Last USS Swim Team _____ Date last Represented _____

Father's Name _____ Home Phone _____

Occupation/Position _____ Bus. Phone _____

Employer _____ Cell Phone _____

Email address _____

Mother's Name _____ Home Phone _____

Occupation/Position _____ Bus. Phone _____

Employer _____ Cell Phone _____

Email address _____

Hobbies _____

Other Social Groups _____

Special Skills _____

Referred by _____

SUMMIT SWIMMING

2017-18 CONTRACT

ACCOUNTING:
Summit Swimming
P.O. Box 606 Snellville, GA 30078
(770) 979-9000 Ext 104

BILLING INQUIRES:
9:00 am - 5:00 pm Tuesday thru Thursday
OR
E-mail to adrienne@summitchasecc.com

BILLING POLICY:

At registration, each new swimmer is required to pay the registration fee and one month's dues in advance. Afterward, dues will be billed for an additional ten months of swimming. Returning swimmers must pay the registration fee in August and begin the eleven months of dues in September.

Billing for the monthly dues will be sent out on the first (1st) of the month and payment is due back by the last day of each month. A 10% late fee will be added to those accounts that are not received by the last day of the month. Please make sure that you mail your payments to the club accounting department (the correct post office box is given above and printed on your monthly billing statement, or use the payment receptacle in the clubhouse foyer). Any swimmer with an account 30 days past due will not be allowed to practice with their group until the account is paid in full.

PLEASE DO NOT GIVE DUES PAYMENTS TO THE COACHES.

*Discounts are available for multiple swimmers or for dues paid one year in advance.

CHANGE IN MEMBERSHIP STATUS:

If there is any change in your swimmer's membership status in Summit Swimming, we require a written notice 30 days in advance to be turned in to our accounting office. These changes include change in swim teams, temporary leave from swimming, or termination of your swimmer's membership. This will allow us ample time to adjust your account and keep our records current. Changes given verbally to a coach must be followed immediately by a written notice to the accounting office.

AUTOMATIC PAYMENT

I elect to pay by credit/debit card. Circle one: Master Card Visa

Number _____ Exp _____

Print Name as it appears on card _____

Authorized Signature _____

PLEASE NOTE: There will be a \$25.00 return fee for payments declined due to non-sufficient funds.

I hereby understand and agree to the terms and conditions stated above.

I have read and agree to abide by the parking guidelines set forth by Summit Swimming and Summit Chase Country Club.

SIGNATURE _____ (Parent or Guardian)

DATE _____ CLUB MEMBER # _____ *

PLEASE DO NOT DETACH - RETURN ENTIRE FORM

NAME _____ BILLING # _____

GROUP _____ REG FEE _____ ** MONTHLY DUES _____ TOTAL _____

*Summit Chase Country Club members receive a 25% discount on the monthly dues (no discount permitted on registration fees).
** The registration fee is \$130.00 first swimmer and \$120.00 additional swimmer(s) in the same family.

Medical Care Authorization Form

Child's Name _____ Age ____ DOB _____

Address _____ Home Phone _____

City _____ State _____ Zip Code _____

Significant Medical History (Allergies, Surgeries, Injuries)

Medications Currently Being Used _____

Insurance Coverage: (Group Name and Contract Number)

Personal Physican _____ Phone _____

Dentist _____ Phone _____

=====

TO WHOM IT MAY CONCERN:

We hereby give full power of attorney to the Summit Swimming Coaching Staff or team chaperones to authorize and contact for such medical or dental care as deemed necessary for _____ (child's name) by a physician or dentist. Any such authorization and contact shall be on our behalf and in our name and stead.

Parents
Name _____
(print name)

Signature _____

Date _____

Person to notify in case of an emergency if parent not available:

_____ Phone _____

PARKING GUIDELINES FOR SUMMIT SWIMMING

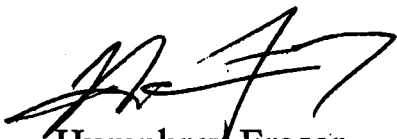
Please use the lower lot for drop-off and pick-up. If you would prefer your swimmer walk to the car accompanied, please park and go to the pool to get him.

Please DO NOT park in the upper lot, along the grass, in front of the bag drop, in the pull through, or in the alley.

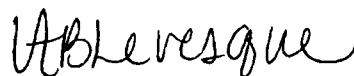
If a member of the Summit Chase or Summit Swimming staff asks you to relocate your vehicle, please do so immediately.

If you have any questions regarding these guidelines, please do not hesitate to ask.

Thank you!



Humphrey Fraser
Aquatics Director
Head Coach
Co-Owner
Summit Swimming
770-480-0913



Adrienne B. Levesque
Controller
Summit Chase C.C.
Co-Owner
Summit Swimming
770-979-9000 ext. 104

Summit Swimming
We Never Quit!