

Shirt Size _____

Suit Size _____

Group _____

Check# _____

Start Date _____

2016-17 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 ___ USA ___

Summer League Team _____ Years Swum _____

Last USA 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 _____

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 _____

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TO WHOM IT MAY CONCERN:

We hereby give full power of attorney to the Summit Chase 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 _____

SUMMIT SWIMMING CONTRACT

2016-17 SEASON

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

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

BILLING POLICY:

At registration, each swimmer is required to pay the registration fee and one month's dues in advance and will be billed for an additional 10 months of swimming.

Billing for the monthly dues will be sent electronically on or about the fifth (5th) of the month and payment is due by the last day of each month. If you opt for a paper statement you will be charged \$2 per month. A 10% late fee will be added to those accounts unpaid 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 member payment box in the clubhouse foyer.)

PLEASE DO NOT GIVE DUES PAYMENTS TO THE COACHES. 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. Discounts are available for club members (does not include social, summer swim, or youth memberships,) multiple swimmers, or for dues paid one year in advance.

CHANGE IN MEMBERSHIP STATUS OR TERMINATION:

If there is any change in your 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 membership. This will allow us ample time to adjust your account and keep your 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 which runs automatically on the 20th of each month.
 Circle one: Master Card Visa

Number _____ Exp _____

Name on card _____ Zip Code _____

Authorized Signature _____

*We do NOT accept American Express for aquatic payments.
 PLEASE NOTE: There will be a \$25.00 fee for payments declined due to non-sufficient funds.*

Billing email address: _____

**I hereby understand and agree to the terms and conditions stated above.
 I have read and agree to abide by the enclosed Parking Guidelines.**

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.

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!



Summit Swimming

Level	Monthly	Discounts			5% Dis. Annual Payment
		10% Dis. 2nd Swimmer	20% Dis. 3rd Swimmer	25% Dis. Club Member	
Peak	200.00	180.00	160.00	150.00	2,090.00
Summit I (Gold, Senior)	180.00	162.00	144.00	135.00	1,881.00
Summit I.V	170.00	153.00	136.00	127.50	1,776.50
Summit II (Silver)	160.00	144.00	128.00	120.00	1,672.00
Summit III (Bronze)	120.00	108.00	96.00	90.00	1,254.00
Summit IV (Blue)	115.00	103.50	92.00	86.25	1,201.75

Registration: \$130.00 first swimmer, \$120.00 each additional swimmer

All contracts are billed 11 months - September through July
Please email adrienne@summitchasecc.com for all accounting questions.