

SUMMIT SWIMMING

2018-19 New Swimmer Registration

Shirt Size _____	Group _____
Suit Size _____	Start Date _____
First Payment Amount _____	
Payment Details _____	

Swimmer Name (First, MI, Last) _____

Gender _____ Age _____ Birthdate _____ School _____ Grade _____

Address _____

Previous Competitive Experience (Check all that apply): Summer League _____ High School _____ USA _____

Summer League Team _____ Years Swum _____

Last USA Swim Team _____ Last Date _____

Parent #1 Name _____ Phone _____

Employer _____ Work Phone _____

Email Address _____

Parent #2 Name _____ Phone _____

Employer _____ Work Phone _____

Email Address _____

Swimmer's Hobbies _____

Other Social Groups _____

Special Skills _____

My swimmer _____ has permission to participate on the Summit Swimming team and all activities included in the program. I agree to hold harmless all Summit Swimming coaches and instructors for any injury which might arise as a result of those activities.

Parent Signature _____ Date _____

SUMMIT SWIMMING

2018-19 Billing Policy & Contract

ACCOUNTING:
P.O. Box 606 Snellville, GA 30078
770-979-9000 ext. 104
Adrienne@summitchasecc.com

BILLING POLICY

At registration, each new swimmer is required to pay the registration fee plus one month's dues in advance. Returning swimmers must pay the registration fee in August and then begin dues in September. Billing for monthly dues is sent out via email around the 5th of each month and is due to be paid by the last day of each month. A 10% late fee is added to all accounts in arrears. Please make sure that you mail your payments to the club account department or drop them in the payment box in the clubhouse foyer. Any swimmer with an account 30 days past due will not be allowed to practice with their team or participate in meets until the account is brought current.

PLEASE DO NOT GIVE PAYMENTS TO COACHES.

A \$25 fee will be applied for all declined payments.

CHANGE IN STATUS

If there is any change in your swimmer's status with Summit Swimming, we require a 30-day written notice turned in to the accounting office. This includes change in level, temporary leave from swimming, or termination of your swimmer's membership. Changes given verbally to a coach must be followed immediately by written notice to the accounting office.

AUTOMATIC PAYMENT OPTION	*These payments run on the 20 th of each month.
I elect to pay by credit/debit card. Circle one: MasterCard Visa	
Name on Card: _____	Zip Code: _____
Account Number: _____	Exp.: _____
Signature: _____	

BILLING EMAIL: _____

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.

Parent Signature: _____ Date: _____

If you are a Summit Chase member, club member number: _____

Please do not detach. Return the entire form.

Swimmer Name: _____ Billing # _____

Group Number (Level): _____ Registration Fee: _____ Monthly Dues: _____

*Summit Chase members receive a 25% discount on monthly dues; no discount on registration fees.
Registration is \$130 for first swimmer and \$120 for additional swimmers in the same family.

SUMMIT SWIMMING

Medical Care Authorization Form

Swimmer Name _____ Age _____ Birthdate _____

Address _____

Parent(s) Name _____ Cell Phone _____

Significant Medical History (Allergies, Surgeries, Injuries, Disabilities)

Current Medications and Dosage

Physician Name _____ Phone _____

Dentist Name _____ Phone _____

Emergency Contact # 1 _____ Phone _____

Emergency Contact #2 _____ Phone _____

Insurance Company _____ Group/Plan Number _____

Insured Name _____ Insured Birthdate _____

TO WHOM IT MAY CONCERN:

I (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 my (our) swimmer _____ by a physician or dentist. Any such authorization and contact shall be on my (our) behalf and in our name and stead.

Parent(s) Name Printed _____

Signature _____ Date _____

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!