



## Registration – Mat-Su

Mail to:  
P.O. Box 230743  
Anchorage, AK 99523

Swimmer's Name:	_____	_____	_____
	First	M.I.	Last
Date of Birth:	_____	Male	Female
	mm/dd/yyyy	circle one	
Mailing Address:	_____	City:	_____ Zip: _____
Home Phone:	_____	Primary E-mail:	_____
Parent/Guardian Name(s):	_____	_____	_____
	Mother	Father	
Work Phone:	_____	_____	_____
Cell Phone:	_____	_____	_____
Email:	_____	_____	_____
Emergency Contact:	_____	_____	_____
	Name	Relationship	
Work Phone:	_____	_____	_____
Cell Phone:	_____	_____	_____
Email:	_____	_____	_____

**EMERGENCY MEDICAL INFORMATION:** I/(We), \_\_\_\_\_, the legal parent(s)/guardian(s) of swimmer, \_\_\_\_\_ hereby consent to any medical treatment as may be necessary for the welfare of the above named child in the event of injury during practice, in-town swim meets or organized club activities. Whenever possible, an effort will be made to contact the parent or the other contact listed prior to any medical treatment.

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Insurance Company: \_\_\_\_\_ Policy/Group #: \_\_\_\_\_

Name of Insured: \_\_\_\_\_ SSN of insured: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

List any allergies: \_\_\_\_\_

(include medications, foods, animals, etc) \_\_\_\_\_

List all current medications: \_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Signature Date

**RELEASE FROM LIABILITY:** I/(We), hereby waive and agree to release Northern Lights Swim Club and its coaches from all responsibilities for any claim arising from injury, or out of such medical treatment to my child during practice, swim meets or organized club activities.

\_\_\_\_\_

Parent/Guardian Signature Date



Print name: \_\_\_\_\_  
Swimmer Name(s): \_\_\_\_\_  
\_\_\_\_\_

### Agreement for Payment of Membership Account

\_\_\_\_ 1. **Automatic payment from VISA or MasterCard**  
Initials

VISA/MC#: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Expiration date: \_\_\_\_\_ / \_\_\_\_\_

I authorize Northern Lights Swim Club to charge my Northern Lights Swim Club billing to the credit/debit card indicated. Should I elect to terminate this agreement, Northern Lights Swim Club is authorized to collect all funds prior to cancellation. I agree to the Automatic Payment Terms and Conditions listed below.

\_\_\_\_\_ Date \_\_\_\_\_ Signature

\_\_\_\_ 2. **Direct Billing**  
Initials

Northern Lights Swim Club will mail a monthly Northern Lights Swim Club billing statement. Payments each month are due upon receipt of monthly statement. A \$20 late fee will be assessed if no payment is received by the 20<sup>th</sup> of the month. Returned checks will be assessed a \$25 fee. Members wishing to make advanced payments on an account should call 277-7946 to make those arrangements.

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#### Automatic Payment Terms and Conditions

As an enrollee in this program I understand that:

1. I will receive a bill even though I am on the automatic payment plan. It will show the amount to be charged to my credit card account as being paid on the last day of the billing cycle, even though that transaction will actually take place the first business day of the month.
2. If charges to my credit card are declined for any reason, you are responsible for contacting Northern Lights Swim Club to make alternate payment arrangements. If I can not be contacted or do not make alternative arrangements, my account will be subject to normal credit procedures for non-payment.
3. I will notify Northern Lights Swim Club in writing if I wish to cancel this agreement. If I cancel this agreement voluntarily or by nonresolution credit card, my Northern Lights Swim Club membership account will be converted to Direct Billing.
4. If my credit card information changes for any reason, including expiration dates, I will notify Northern Lights Swim Club of the new account information. If I fail to provide this information prior to the due date and Northern Lights Swim Club is unable to process my payment, I will be responsible for an alternate payment arrangement and any late fees which may result.



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Welcome to Northern Lights Swim Club

Should you have any question regarding billing, practice times, or competition schedule please do not hesitate to call me at 277-7946 or email me at [nlscalaska@gci.net](mailto:nlscalaska@gci.net). Much of this information is also on our website.

We encourage our membership to use our website since it doubles as a team management system which includes powerful email communication and billing tools. This new toolset will enable our coaches and team administrators to better communicate and manage our team.

Please visit: [www.northernlightsswimclub.org](http://www.northernlightsswimclub.org) or [www.nlscak.org](http://www.nlscak.org) to check out our new website. We think your going to love it!

One of the most important benefits to our team administrators will be the ability to effectively invoice and track payments from our membership.

Once your registration is processed you will be sent a system generated email with your login credentials to your own private account and email. This email will grant you access to your own secure account. **Please login and update all of your contact, medical, and insurance information.** Additionally I would like to ask all swimmers to add their t-shirt and pant sizes in the *Biography/Notes* section under their names (these sizes will be used when ordering team shirts, prizes, etc.).

If you have not received any team emails it means that we do not have your current email information. **It is very important that we have your email addresses with an email address that you use actively as we rely and will continue to rely on email communication to keep you updated on team activities, events and billing.** It is as important that the rest of your contact information is accurate as well.

**Please contact [nlscalaska@gci.net](mailto:nlscalaska@gci.net)** with your email address or with any difficulties you may have logging in to your account.

Thank you for your support of NLSC,

Regards,  
Cliff Murray  
Head Coach/Owner

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