



SWIM AMERICA REGISTRATION FORM



SWIMMER'S NAME (First, Middle, Last) BIRTHDATE SEX SCHOOL

1) _____

2) _____

Class Time Preferences: Wednesday 5:30pm 6:00pm 6:30pm 7:00pm

 Saturday 10:00am 10:30am 11:00am 11:30am

Parent's Full Names: _____

Address: _____ City _____ State _____ ZIP _____

Phone Numbers: Home _____ Mom's Wk _____ Dad's Wk _____

Parent's Occupation: _____ Email: _____

SWIM AMERICA PAYMENT OPTIONS	OPTION #1 FULL PAYMENT	OPTION #2 MONTHLY DUES
	\$350	\$40

OPTION 1:

Join Swim America for 1-year, and pay the above fees either through a single payment, with a savings of 10% versus joining monthly. Lessons are held from September through July.

OPTION 2:

Join the club on a monthly basis with payments due by the 10th of each month. **Written notice** must be given to the treasurer or head coach when a student decides to no longer swim.

Circle your payment option: #1 #2

Swimmer's Name: _____ Due Now: _____

Swimmer's Name: _____ Due Now: _____

Total Due Now: _____

Total Due each month: _____

I understand that I am financially responsible for these expenses. I also understand that **written notice** must be given in the event a child is unable to swim for the club. The date the notice is received will determine the effective date for fees due.

Parent Signature Printed Name Date