**Episcopal Amberjax Swim Club**

2017-2018 JCDS Registration Group\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Episcopal School of Jacksonville Activate Billing\_\_\_\_\_\_\_\_\_\_\_\_

Swimmer’s Name: Age: DOB: Gender\_\_\_\_\_\_

(LAST) (FIRST) (MI)

Parent/Guardian Name(s):­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:

(STREET) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (CITY) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (STATE)\_\_\_\_\_\_\_\_\_\_ (ZIP)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone: Cell Phone: Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Text “AMBERJAX” to 292929 to sign up for information alerts\*

Work Name, Address and Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father: Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother: Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact: Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Previous Experience: School Attending: Grade: \_\_\_\_\_\_

(PLACE) (# YEARS)

**………………………………………………………………………………………………………………………**

**Fee Structure**

|  |  |  |  |
| --- | --- | --- | --- |
| **Coaching Fees** | **Monthly** | **Seasonal** | Amount Enclosed with Registration: |
| Garnet | $60.00 | $215.00 | **Season Schedule** |
| Bronze | $75.00 | $275.00 | Fall: August – November |
| Silver | $85.00 | $315.00 | Winter: December – March |
| Gold | $95.00 | $355.00 | Summer: April – July |
| Senior | $120.00 | $455.00 |  |
| Additional Athlete\* | $50.00 | $175.00 |  |

USA Swimming Annual Registration: $75.00

Annual Registration Fee: $200.00 individual or $250.00 family.

Additional fees (e.g., team cap, team suit, team shirts, meet fees, travel fees) may be incurred.

\*The first swimmer billed shall be considered the one in the higher monthly fee bracket.

**………………………………………………………………………………………………………………………**

For all swimming programs, you must have written documentation before the 25th of the month to go inactive or you will be obligated for the next month’s dues. Also there is a Reactivation fee of $50 for any inactive account to be turned back on. I hereby give my child permission to participate with the Episcopal AmberJax Swim Club. I understand and take responsibility for above costs and fees as described by the team. I understand that my account is subject to a $15 late fee for any remaining balance unpaid by the15th of the month and that failure to pay my account in full will result in my child’s suspension from practice and competition.I, the undersigned, understand that the Episcopal AmberJax will use prompt diligence to notify us in the event of an emergency during practice sessions or swim meets. In the event that we cannot be reached we give our permission to authorize whatever emergency treatment deemed necessary. We further agree not to hold the Episcopal AmberJax, their staff, or the owners of the swimming facility liable for any injury sustained by the swimmer and agree to pay any reasonable cost related to or incurred by the swimmer.

**Signature of Parent/Guardian: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**