



SWIM TEAM REGISTRATION 2018-2019

Please note: You must be a JCC member to participate in the JCC Waves Swim Team.

Please fill out one application per family

Please mail or fax completed form along with payment to:

Merage Jewish Community Center of Orange County

One Federation Way, Suite 200, Irvine, CA 92603

Phone (949) 435-3400 • Fax (949) 435-3401 • www.jccoc.org.

Home address _____

City _____ State/Zip _____

Home phone _____ Fax _____

Parent/Guardian1 _____

Cell/business phone1 _____

Parent email 1* _____

*All WAVES information will be sent to e-mail #1 and should be viewed regularly.)

Parent/guardian 2 _____

Cell/business phone 2 _____

Parent email 2 _____

Parents are [] Married [] Divorced [] Single
[] Separated [] Widowed [] Life partners

With whom does child(ren) reside? _____

How did you hear about JCC programs? _____

Are you currently a JCC member family?

- Yes, member # _____
- My membership agreement form is attached.

- I have read and agreed to the terms of the registration process.
- I give the above named child(ren) permission to participate in the JCC Waves Swim Team practices and events.
- I also give permission to secure emergency medical attention in the event my child is injured or becomes ill and I or my assigned emergency contacts cannot be reached.
- I understand that the monthly group fees will be charged to my credit card automatically at the beginning of the month or withdrawn from my designated account through Electronic Funds Transfer (EFT form required.)

Parent/guardian signature _____

_____ Date _____

Payment information:

___ Number of active swimmers x \$140 annual registration fee \$ _____

___ Number of new swimmers x \$175 annual registration fee \$ _____

___ Number of siblings x \$10 sibling discount - (\$ _____)

___ Number of swimmers x \$68 USA registration fee \$ _____*

Monthly group fee(s) from right column \$ _____

Fees are non-refundable. Total fees due at signing: \$ _____

My check payable to JCCOC is attached.

Please charge my credit card on file

Authorized signature: _____

JCC OFFICE USE: Payment rec'd by _____ Date _____

Add to repetitive _____ Data entry by _____

Annual fees per swimmer (due at registration):

Waves registration fee:

New swimmers: \$175; Active swimmers: \$140

Non-refundable registration fee is required for the 2018-2019 seasons. Fee includes team t-shirt and team swim cap.

Sibling discount: \$10 off per swim team member.

***2019 USA Swimming registration fee:** \$68 (*required if swimmer wishes to participate in USA Swimming competitions.)

Monthly group fees per swimmer:**

Pre-Competitive Group Splash Zone (Levels1-3), ages 4-12, \$85 mo.

Non-Competitive Groups Fitness 1, ages 4-12, \$85; Fitness 2, \$90

Competitive Groups

Waves, ages 5-9, \$85

Waves Competition, ages 7-9, \$90

Waves Champions 1, ages 9-13, \$95

Waves Champions 2, ages 13+, \$100

Waves National, ages 13+, \$100

** Monthly fees are charged on the first of each month.

Billing Status Changes: Please note that changes in your swimmer's activity status must be requested in writing by the 25th of the month prior to the month that the changes will occur. All requests should be mailed to: Gina Duncan, Merage JCC, 1 Federation Way, Ste. 200, Irvine CA 92603; or Faxed to: 949.435.3402; or emailed to ginad@jccoc.org

Swimmer 1 (Please use child's legal name. Please print.)

First name _____ M.I. _____

Last name _____ Nickname _____

Gender (M / F) Date of birth ___/___/___ Age _____

Returning Waves swimmer? ___ New to Waves? _____

Group name _____ Group fee \$ _____ USA reg fee*? Y / N

T-shirt size: ___YS ___YM ___YL ___S ___M ___L

Swimmer 2 (Please use child's legal name. Please print.)

First name _____ M.I. _____

Last name _____ Nickname _____

Gender (M / F) Date of birth ___/___/___ Age _____

Returning Waves swimmer? ___ New to Waves? _____

Group name _____ Group fee \$ _____ USA reg fee*? Y / N

T-shirt size: ___YS ___YM ___YL ___S ___M ___L

Swimmer 3 (Please use child's legal name. Please print.)

First name _____ M.I. _____

Last name _____ Nickname _____

Gender (M / F) Date of birth ___/___/___ Age _____

Returning Waves swimmer? ___ New to Waves? _____

Group name _____ Group fee \$ _____ USA reg fee*? Y / N

T-shirt size: ___YS ___YM ___YL ___S ___M ___L

Questions? Contact Chris or Gina Duncan (949) 435-3400, chrisd@jccoc.org or ginad@jccoc.org