



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: _____

Table with 3 columns: SWIM AMERICA PAYMENT OPTIONS, OPTION #1 FULL PAYMENT (\$440), OPTION #2 MONTHLY DUES (\$50)

OPTION 1:

Join Swim America for 1-year, and pay the above fees either through a single payment, with a savings of 20% verses 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