



2020-21 Swimmer Registration

Shirt Size _____	Group _____
Start Date _____	
First Payment Amount _____	
Payment Details _____	

Swimmer Name (First, MI, Last) _____

Gender _____ Age _____ Birthdate _____ School _____ Grade _____

Address _____

Previous Competitive Experience (Check all that apply): Summer League _____ High School _____ USA _____

Summer League Team _____ Years Swum _____

Last USA Swim Team _____ Last Date _____

Parent #1 Name _____ Phone _____

Email Address _____

Parent #2 Name _____ Phone _____

Email Address _____

My swimmer _____ has permission to participate on the Summit Swimming team and all activities included in the program. I agree to hold harmless all Summit Swimming and/or Summit Chase coaches and staff for any injury which might arise as a result of those activities.

Parent Signature _____ Date _____

Please note that swimmers will not be permitted to participate with the team without this section completed with both signatures. This is a USA Swimming requirement.

I have reviewed and agree to abide by the USA Swimming's Safe Sport Minor Athlete Abuse Prevention Policy.

Swimmer Signature _____ Date _____

Parent Signature _____ Date _____



ACCOUNTING:
 P.O. Box 606 Snellville, GA 30078
 770-979-9000 ext. 104
 adrienne@summitchasecc.com

**2020-21
 Billing Policy & Contract**

Swimmer Name: _____ Billing # _____

Group Number (Level): _____ Registration Fee: _____ Monthly Dues: _____

*Summit Chase members (full facility/golf members only) receive a 15% discount on monthly dues; no discount on registration fees. Registration is \$140 per swimmer on competition team; \$40 per swimmer on pre-team. Registration fee is non-refundable.

BILLING POLICY

At registration, each new swimmer is required to pay the registration fee plus one month's dues in advance. Returning swimmers must pay the registration fee in August and then begin dues in September. Billing for monthly dues is sent out via email the first week of each month and is due to be paid by the last day of each month. Please make sure that you mail your payments to the club accounting department or drop them in the payment box in the clubhouse foyer. A 10% late fee is added to all accounts with a past due balance. Any swimmer with an account 30 days past due will not be allowed to practice with the team or participate in meets until the account is brought current. A \$25 fee will be applied for all declined payments. **PLEASE DO NOT GIVE PAYMENTS TO COACHES.**

CHANGE IN STATUS

If there is any change in your swimmer's status, we require a 30-day written notice to the accounting office. This includes temporary leave from swimming, or termination of your swimmer's membership. Please email adrienne@summitchasecc.com. Notice given to coaches is not valid for billing purposes.

BILLING EMAIL: _____

OTHER TEAM REQUIREMENTS:

- Registration for competition team includes one team t-shirt and two caps. All other team merchandise must be purchased separately.
- Every swimmer on the competition team is required to participate in a minimum of 3 meets per season.
- Every swimmer and at least one parent are required to participate in Safe Sport related training each season.
- Swimmers may be reassigned to different training groups as deemed appropriate by the coaching staff.

Please initial each statement, sign and date.

____ I hereby acknowledge and agree to the billing terms and conditions stated above.
 ____ I hereby acknowledge and agree to the 'Other Team Requirements' stated above.
 ____ I have read and agree to abide by the parking guidelines set forth by Summit Swimming and Summit Chase Country Club.

Parent Signature: _____ Date: _____

If you are a Summit Chase member, club member number: _____



Medical Care Authorization Form

Swimmer Name _____ Age _____ Birthdate _____

Address _____

Parent(s) Name _____ Cell Phone _____

Significant Medical History (Allergies, Surgeries, Injuries, Disabilities)

Current Medications and Dosage

Physician Name _____ Phone _____

Dentist Name _____ Phone _____

Emergency Contact # 1 _____ Phone _____

Emergency Contact #2 _____ Phone _____

Insurance Company _____ Group/Plan Number _____

Insured Name _____ Insured Birthdate _____

TO WHOM IT MAY CONCERN:

I (we) hereby give full power of attorney to the Summit Swimming Coaching Staff or team chaperones to authorize and contact for such medical or dental care as deemed necessary for my (our) swimmer _____ by a physician or dentist. Any such authorization and contact shall be on my (our) behalf and in our name and stead.

Parent(s) Name Printed _____

Signature _____ Date _____

OPTIONAL PAYMENT TYPE: Credit/Debit Card



These payments run automatically on the 20th of each month.

Circle Card Type: Visa Mastercard Discover

(We do not accept American Express)

Name on Card: _____

Account Number: _____

Expiration: _____ CVV: _____

Zip Code Associated with Card Billing Address: _____

I give permission for Summit Swimming to use the above account information to automatically transact the balance due on my account.

Signature: _____

Swimmer(s) Name(s) _____

Swimmer(s) Account Number(s) _____

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