



**2019-20
Swimmer Registration**

Shirt Size _____	Group _____
Suit Size _____	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 _____

Employer _____ Work Phone _____

Email Address _____

Parent #2 Name _____ Phone _____

Employer _____ Work 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 _____

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

Swimmer Signature _____ Date _____

Parent Signature _____ Date _____



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 _____



**2019-20
Billing Policy & Contract**

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

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 notifying the accounting office. This includes temporary leave from swimming, or termination of your swimmer's membership.

AUTOMATIC PAYMENT OPTION *These payments run on the 20th of each month.
I elect to pay by credit/debit card. *American Express is not accepted at this time.*
Name on Card: _____ Zip Code: _____
Account Number: _____ Exp.: _____
Signature: _____ CVV: _____

BILLING EMAIL: _____

**I hereby understand and agree to the terms and conditions 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: _____

Please do not detach. Return the entire form.

Swimmer Name: _____ Billing # _____

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

*Summit Chase members receive a 25% discount on monthly dues; no discount on registration fees.
Registration is \$130 per swimmer.