North Shore Swim Club
2005-2006 Season
Compass Program- Paid in Full

Swimmers Name:_____Age:_____
Last First Middle

Street:_____City/Town:_____Zip:_____

Date Of Birth:_____Home Phone:_____Email:_____

Parents Names:_____Work Phone:_____Email:_____

Credit Card Escrow Account Payment:
All escrow accounts must be maintained with a positive $100.00 balance. To ensure this, all families are asked to supply a credit card for escrow account transactions. Please refer to the online club manual for further detail.

Please circle Credit Card to be charged: (Am-Ex/ Visa/ MC/ Discover)

Credit Card #:_____Expiration Date:_____

Name as on Card:

The Paid in full price includes: Tuition, USA swimming registration, bathing suit, two T-shirts.
Circle payment

Tuition: cash, check or credit card:	In Full:	$1900.00
Credit Card Escrow Account payment:		$100.00 per child

Total payment enclosed or to be charged: Total:

Credit Card Escrow Accounts: Will be charged two weeks prior to the beginning of the upcoming session, up to a positive balance of $100.00 per swimmer.

Notice of Escrow Account Renewal: Escrow accounts will renew automatically on a session to session basis with the escrow account being charged to a positive $100.00 balance.

Notice of Program Participation: It is the responsibility of the parents/ legal guardians to notify the club management of their intention to terminate their involvement with the NSSC program in writing. There will be NO refunds regarding tuition registration.

Parent or legal guardian acknowledging financial commitment to NSSC:

Signature:_____Date:_____

I agree to have my child (s) participate in the program and hereby agree to indemnify and hold harmless the North Shore Swim Club, Salem State College, Gordon College, Minuteman Technical School, JCC of the North Shore, Hanscom Air Force Base, its coaches and officers, directors, agents and employees against any liability resulting in any injury that may occur to the participant while participating in the program. The participant agrees to indemnify the North Shore Swim Club for any damages incurred arising from any claims, demand, action or cause of action by the participant. The participant authorizes any representative of NSSC to have the participant treated to any medical emergency during their participation in the program. Further, the participant and or parent/guardian agree to pay all costs associated with medical care and transportation for the participant. I have noted on the back of this form and medical health problems of which the staff should be aware. I have carefully read the above liability release and sign it with full knowledge of its content and significance.

Parent or legal guardian acknowledging medical release.

Signature:_____Date:_____

Please fill out registration and return with payment to:
North Shore Swim Club
19 Fenley Road, Gloucester, MA 01930