

**North Shore Swim Club
2008-2009
JCC/ Military Dependant of Active Duty Personnel
Registration Contract**

Swimmers Name: _____ Age: _____

Street: _____ City/Town: _____ Zip: _____
Last First M

Date Of Birth: _____ Home Phone: _____ Email: _____

Parents Legal Names: _____ Work Phone: _____ Email: _____

		<u>PreTeam Program</u>	<u>Junior Program</u>	<u>Age Group Program</u>	<u>Senior Program</u>
OPTION 1 Paid in Full		1 x wk = \$350.00 2 -3 x wk =\$700.00	\$900.00	\$1120.00	\$1410.00
OPTION 2 Payment by Session for the entire year.	The Session Tuition price does not include USA swimming registration, bathing suit, two T-shirts, unless you are financially committing to the entire six session program. If you do commit to the six sessions and your plans change, you will be responsible and charged for the retail value of the USA registration, bathing suit and two T-shirts, no matter when you cancel.				
OPTION 3 Payment by Session	Session Dates	This Option does not include USA swimming registration, bathing suit or T shirts. These items need to be added to your first session that you register.			
Session 1	September 8- November 2	1 x wk = \$80.00 2 x wk = \$160.00	\$200.00	\$240.00	\$280.00
Session 2	November 3- December 28	1 x wk = \$80.00 2 x wk = \$160.00	\$200.00	\$240.00	\$280.00
Session 3	December 29- February 15	1 x wk = \$70.00 2 x wk = \$140.00	\$175.00	\$210.00	\$245.00
Session 4	February 16- April 12	1 x wk = \$80.00 2 x wk = \$160.00	\$200.00	\$240.00	\$280.00
Session 5	April 13- June 21	1 x wk = \$100.00 2 x wk = \$200.00	\$250.00	\$270.00	\$315.00
Session 6	June 22 - August 2	1 x wk = \$60.00 2 x wk = \$120.00	\$120.00	\$150.00	\$210.00
Sub Total:		1 x wk =\$470.00 2 x wk =\$940.00	\$1175.00	\$1320.00	\$1610.00
Escrow Account		Not Applicable	Add \$100.00	Add \$100.00	Add \$100.00

Please circle:

Which option are you selecting : **Option 1** **Option 2** **Option 3**

Payment amount (cash, check, credit card): \$ _____

Credit Card Escrow Account Payment: \$100.00 per child _____

USA SWIMMING Registration for Competitive swimmers: \$60.00 _____
(Session only swimmers who will be attending swim meets.)

-or-

Preteam, and NON Competitive swimmers insurance: \$ 5.00 X (PER SESSION REGISTERING)

Total payment enclosed or to be charged: **Total:** _____

Credit Card Payment Information:

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

Card #: _____ Expiration Date: _____

Name as on Card: _____ ID CODE NUMBERS on card: _____

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Paid in Full Option: Notice of Program Participation: By agreeing to this registration you understand 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, and close out their escrow account, in writing. There will be NO refunds regarding tuition registration.

SESSION PAYMENT PLAN OPTION- Swimmer's who would like to sign up for specific sessions may do so. This option does not include USA Swimming registration, bathing suit or club t-shirts, unless you are committing to the entire 07-08 payment plan and total amount due. You must state your intentions on the registration form. If you do commit to the six sessions and your plans change, you will be responsible and charged for the retail value of the USA registration, bathing suit and two T-shirts, no matter when you cancel. There will be NO refunds regarding tuition registration.

NOTICE OF SESSION PAYMENT PLAN OPTION- By agreeing to this registration you understand Session Payments renew automatically and must be paid via credit cards. Credit cards will be charged two weeks prior to the beginning of the next session. Credit Card information must be on file with NSSC. There will be NO refunds regarding tuition registration.

NOTICE OF ESCROW ACCOUNT RENEWAL: By agreeing to this registration you understand all escrow accounts must be maintained with a positive \$100.00 balance per swimmer. To ensure this, all families are required to supply a credit card for escrow account transactions. Negative escrow accounts will be charged automatically on a MONTHLY basis, with the escrow account being charged to a positive \$100.00 balance.

NOTICE OF PROGRAM CANCELLATION- By agreeing to this registration you understand credit cards will be charged two weeks prior to the beginning of the next session, unless written notification of cancellation is given to NSSC prior to the charging of your credit card. There will be no refunds of tuition registration without prior written notification of cancellation of a minimum of two weeks before a new session.

NOTICE OF INSURANCE- Competitive Athletes must be registered under the North Shore Swim Club, USA swimming umbrella. This is a once per year fee. Non Competitive/ Learn to swim athletes of the North Shore Swim Club must be registered under the North Shore Swim Club, non competitive umbrella. This is a per session fee.

Parent or legal guardian acknowledging and understanding the 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 medical health release form any 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 and liability release.

Signature: _____ Date: _____

Please remit forms and payments to: North Shore Swim Club

19 Fenley Road, Gloucester, MA 01930