

SWIMMER INFORMATION			
Swimmer Name (First, M.I., Last)	Birth Date	Age	School
1.			
2.			
3.			

PARENT/GUARDIAN INFORMATION			
Parents' Name(s): _____ Home Phone: _____ E-Mail: _____			
Parent's Cell Phone (Mother): _____ (Father) _____			
Address: _____ City: _____ ZIP: _____			
If new to the Club, how did you hear about MFSC?			
Current Member _____	MFSC Website _____	MFSC Brochure _____	Other _____

MEDICAL RELEASE/INFORMATION	
<b>MEDICAL AUTHORIZATION</b>	
I/We authorize Menomonee Falls Swim Club to seek emergency medical treatment for my child(ren), _____, in the event I/we cannot be reached.	
In lieu of a Physician's statement, I/we, the parents/guardians of _____, do hereby certify that this child(ren) has had a recent physical examination and hereby accept any and all responsibility that this child(ren) is in sufficient physical condition to participate in any and all youth activities.	
Parent/Guardian Signature: _____	

SWIMMER RELEASE OF INFORMATION – Sign one line only	
Information regarding our club and our swimmers may be shared through publication of photographs and swimmer accomplishments. This information, including full names, may be published on our website or through newspapers or local media.	
Your signature here means that you <b>WILL</b> allow information about your child to be shared as described above.	
Parent/Guardian Signature: _____	
Your signature here means that you are requesting that information about your child <b>WILL NOT</b> be shared as described above.	
Parent/Guardian Signature: _____	

FEE AGREEMENT	
I am responsible for all fees incurred at the beginning of the season and agree to pay in full (see " <i>Fee/Payment Information</i> ") regardless whether swimmer completes the season or not (i.e., swimmer's loss of interest in the sport, etc.). <b>Payments must be received within 14 days of the due date or swimmers will NOT be allowed to participate in MFSC activities (i.e., practices, meets, etc.).*</b>	
Parent/Guardian Signature: _____	

**FEE / PAYMENT INFORMATION**

Select Group	Groups	Due 9/17/10	Due 11/14/10	Due 1/14/11	Total Due
	SN	\$87	\$87	\$87	\$261
	GN	\$108	\$108	\$108	\$324
	BA	\$119	\$119	\$119	\$357
	SA	\$149	\$149	\$149	\$447
	GA	179	179	179	\$537
	BS	\$209	\$209	\$209	\$627
	H.S. Boy	\$156.50	\$156.50	--	\$337
	H.S. Girl	--	\$204.50	\$204.50	\$409
	SS	\$238	\$238	\$238	\$714
	H.S. Boy	\$179	\$179	--	\$385
	H.S. Girl	--	\$220	\$220	\$440
	GS	\$268	\$268	\$268	\$804
	H.S. Boy	\$216.50	\$216.50	--	\$432
	H.S. Girl	--	\$247.50	\$247.50	\$495



<b>I II III</b>	<b>PRE-COMP</b>	\$130 plus insurance. No fundraising fee, no new swimmer credit. <b>Note:</b> USA fee needs to be paid only once. If continuing in Pre-Comp for add'l sessions, fee decreases to \$130. Lessons on Tues. & Fri., 6:15-7 pm. <b>Session Dates:</b> <b>I=9/21-11/5</b> <b>II=11/9-12/28</b> <b>III=1/4-2/18</b>
	<b>MASTER'S</b>	\$30/month (Monday, Wednesday and Friday from 7:00-8:30 pm)

**FUNDRAISING "BUY OUT":**  
 **YES** I want to "buy-out" my fundraising requirement of \$ \_\_\_\_\_ (add amount to 1<sup>st</sup> installment)  
 **NO** I will fundraise and pay balance by 02/25/11  
 Fundraising is: **1<sup>st</sup> swimmer in family=\$100; 2<sup>nd</sup> swimmer in family=\$100; 3<sup>rd</sup> swimmer in family=\$50**

	9/17/10	11/14/10	1/14/11
	1 <sup>st</sup> Installment	2 <sup>nd</sup> Installment	3 <sup>rd</sup> Installment
<b>SWIMMER 1</b>			
MFSC Training Fee			
Fundraising Buyout Option	+		
USA Swimming Fee (\$55 / 9&O, \$47 / 8&U)	+		
New Swimmer Credit (\$25)	-		
SUBTOTAL	=		
<b>SWIMMER 2</b>			
MFSC Training Fee			
Fundraising Buyout Option	+		
USA Swimming Fee (\$55 / 9&O, \$47 / 8&U)	+		
New Swimmer Credit (\$25)	-		
SUBTOTAL	=		
<b>SWIMMER 3</b>			
MFSC Training Fee			
Fundraising Buyout Option	+		
USA Swimming Fee (\$55 / 9&O, \$47 / 8&U)	+		
New Swimmer Credit (\$25)	-		
SUBTOTAL	=		
Kitchen Fee per Family (\$8-10/16, \$16-12/4&5, \$8-2/5) = \$32	+		
Multi Swimmer Credit (\$25)	-		
Fundraising Credit Carryover	-		
Account Balance Past Due	+		
<b>(Make Checks Payable to "MFSC") TOTAL DUE</b>	=		

\* Exceptions only for medical reasons with a valid doctor's excuse.

**MFSC USE ONLY-Payment Record**

	DATE	CHECK #	AMOUNT	TRAINING FEES PD	KITCHEN PD	FUNDRAISING PD	BALANCE DUE
1 <sup>st</sup>							
2 <sup>nd</sup>							
3 <sup>rd</sup>							