

**SEACOAST SWIMMING ASSOCIATION  
2011 LONG COURSE SEASON**

Swimmer #1 M F DOB Group

U.S.Citizen Y/N? (First) (Mi.) (Last)

Swimmer #2 M F DOB Group

U.S.Citizen Y/N? (First) (Mi.) (Last)

Swimmer#3 M F DOB Group

U.S.Citizen Y/N? (First) (Mi.) (Last)

Swimmer's Address: \_\_\_\_\_ Zip \_\_\_\_\_

**PARENT/GUARDIAN NAMES**

**Parent/Guardian No. 1:**

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Parent/Guardian #2:**

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

PARENT/GUARDIAN AGREEMENT: The above named swimmer(s) have my permission to become athlete members of the Seacoast Swimming Association. I agree to pay all dues and other fees on time, and to assist in the running of swim meets (see attached Parent/Guardian Commitment Form).

**Dues Schedule**

\_\_\_\_\_ AG1 \$566.61 or \$188.87 per pmt \_\_\_\_\_ JR1 \$765.20 or \$255.07 per pmt

\_\_\_\_\_ JR2 \$681.05 or \$227.02 per pmt \_\_\_\_\_ SRS \$903.21 or \$301.07 per pmt

Families may take a 10% discount for each additional swimmer provided they swim the entire season.

**Payment Schedule**

Dues are for the Long Course season and can be paid by:

Paying in full at registration and receiving a 5% discount or

1/3 AT REGISTRATION, 1/3 May 16, 1/3 June 15, and may be mailed to

**PO Box 272**

**Dover, NH 03821-0272**

If dues are not paid within two weeks of due date, or arrangements made, athletes may be prohibited from practice and meets. I/we agree to pay costs of collection of my swimmer(s) unpaid dues, including Attorney's fees.

Each swimmer in the AG1, JR2 or JR1 programs must maintain a meet fund balance of \$50.00. Senior level swimmers must maintain a meet fund balance of \$75.00. Meet fees must be paid immediately so that the meet fund remains current.

**ALL PAST SEASON BALANCES MUST BE PAID IN FULL PRIOR TO REGISTRATION.**

**ALL SWIMMERS MUST HAVE A CURRENT USA REGISTRATION. FEE: \$60.00 per annum.**

\*If a swimmer leaves the long course season before the end of the season, they must contact Coach Jared Felker and Treasurer Doreen Paiva in writing via email or letter. A swimmer will be charged for the season until the date of the written notice.

There is a \$25 returned check fee.

**I agree to the above terms.**

DATE: \_\_\_\_\_

**PARENT OR GUARDIAN'S**

**SIGNATURE** \_\_\_\_\_

***E-MAIL ADDRESS:*** \_\_\_\_\_

**MEDICAL AUTHORIZATION**

I/WE AUTHORIZE THE SEACOAST SWIMMING ASSOCIATION AND ITS EMPLOYEES/CHAPERONES TO SEEK EMERGENCY MEDICAL TREATMENT FOR MY/OUR CHILD/CHILDREN NAMED ON THE REVERSE SIDE OF THIS FORM FOR ANY CONDITION OR INJURY ARISING FROM SAID CHILDREN'S PARTICIPATION IN SSA ACTIVITIES. I/WE FURTHER AUTHORIZE ANY MEDICAL PROVIDERS TO PROVIDE SUCH TREATMENT.

I/WE UNDERSTAND THAT PRIOR TO PROVIDING SUCH MEDICAL TREATMENT, REASONABLE EFFORTS WILL BE MADE TO CONTACT THE UNDERSIGNED.

MEDICAL INSURANCE INFORMATION:

COMPANY: \_\_\_\_\_

IDENTIFICATION NUMBER: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

A copy of your health insurance card would be appreciated especially if your swimmer attends team travel meets.

Please inform the coaches and list any medical problems, allergies, or physical handicaps of which they should be aware. It would be most helpful to have the information in writing for the coaches.

SWIMMER'S DOCTOR: \_\_\_\_\_

PHONE: \_\_\_\_\_

MEDICATION LIST:

MEDICAL LIMITATIONS: