

Membership Registration and Payment Contract

Summer 2022

This form must be completed and returned to SWAT Swimming LLC, 470 Pool Road, North Haven, CT 06473. Payments may be made with cash, check, credit card, or Venmo by required deadlines. Refunds will only be provided up to May 1st, 2022. After May 1st, the signee is responsible for total program fee.

Swimmer Name: FIRST _____ MI _____ LAST _____

Birthdate: ____/____/____ **Current USA Swimming Member:** Yes ____ No ____

Parent/Guardian Name: _____

Email Address: _____ **Phone:** _____

Home Address: _____

Are there any medical issues that coaches need to be aware of? _____

If yes, please list: _____

(Attach any additional notes concerning medical issues)

EMERGENCY CONTACT (Name & Phone): _____

EMERGENCY CONTACT (Name & Phone): _____

Please check which membership program you are registering for:

GOLD____ **SILVER**____ **COPPER**____ **BRONZE**____ **CHOATE**____

PAYMENT: Members can opt for a monthly payment plan or pay additional amounts as desired. Meet fees will be added to individual invoices and should be paid in a timely manner. It is the parent / guardian responsibility to decline or commit to what meets and days they would like their swimmers to participate in on the SWAT website by the posted deadline.

I understand and take responsibility of my financial obligations as listed above for the SWAT membership I have registered for on this form. I grant permission for my child's picture to be used on the SWAT website
YES ____ NO ____.

DISCOUNTS: Members shall receive discounts for additional siblings or if the parent guardian is a certified USA Swimming official. Please contact coach Keith if you believe you qualify for a discount.

Signature: _____ **Date:** _____

(Parent / Guardian)