

THIS PAGE MUST BE COMPLETED  
BEFORE THE SWIMMER CAN ENTER  
THE WATER.

**NEW SWIMMER PACKET – PAGE #1**  
**SWIMMER INFORMATION**  
**\* PLEASE PRINT CLEARLY \***

**For Office Use Only**  
File Made: \_\_\_\_\_  
Letter Sent: \_\_\_\_\_  
PSR to Mgr: \_\_\_\_\_  
PSR Mailed: \_\_\_\_\_

Start Date: \_\_\_\_\_

Name of Coach: \_\_\_\_\_

**Swimmer's Information:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

First Middle Last

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: M / F Has this swimmer been with SCCA before? No Yes  
If yes, when? \_\_\_\_\_

Swimmer eMail \_\_\_\_\_ Swimmer Cell Phone: \_\_\_\_\_

**Parent Information:**

Mother: \_\_\_\_\_  
First Last Home Phone Work Phone Ext

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

E-mail Address \_\_\_\_\_

Father: \_\_\_\_\_  
First Last Home Phone Work Phone Ext

Mailing Address (if different) \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

E-mail Address \_\_\_\_\_

Send all invoices in care of: Mother \_\_\_\_\_ Father \_\_\_\_\_ Both \_\_\_\_\_ Name of any siblings currently swimming with SCCA: \_\_\_\_\_  
How did you hear about SCCA? County Parks / Flier / Friend / Website / Other \_\_\_\_\_

**PARENT'S AUTHORIZATION AND MEDICAL RELEASE**

Emergency Phone Numbers (at least one)	Name	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

I hereby give permission for my child to participate in the planned activities of Santa Cruz County Aquatics team. In case of emergency, I hereby give my permission to any licensed physician and hospital, to secure treatment for, and to order injections, anesthesia, or surgery, for the above named. I further understand that neither Santa Cruz County Aquatics team or any individual be held responsible in the event of an accident, injury, or disobedience.

SIGNATURE of Parent or Guardian: \_\_\_\_\_ Dated: \_\_\_\_\_

Should any accident or injury occur, you will be expected to cover the medical expense involved. The information you provide below will help us in getting immediate care for your child should an accident occur. Thank you.

INSURANCE COMPANY: \_\_\_\_\_ POLICY #: \_\_\_\_\_

MEDICAL INSTRUCTIONS AND ALLERGIES:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**GOALS**

SWIMMER: What are your goals in joining the team?

PARENTS: What are your goals in having your children on the team?

Office use only: NSE: File this ORIGINAL in the SCCA Pool Binder.

Make 6 copies of this side only and distribute as follows: Head Coach / NSE File / Treasurer / Roster Manager / Fund Raising Manager / PSR Manager

**NEW SWIMMER PACKET – PAGE #2  
SCCA FINANCIAL POLICIES**

Name of person financially responsible for swimmer(s): \_\_\_\_\_  
I(We) have read, and agree to abide by, the following financial policies of Santa Cruz County Aquatics.

PLEASE SIGN HERE: \_\_\_\_\_

*As of September 1, 2007 the following Financial Policies will be in effect.*

**1. START-UP COSTS:**

The following items must be paid in full when a swimmer joins the team.

- a) First and Last Month's Dues. See item #2 (Monthly Dues) to determine this amount.
- b) Start-Up Fee of \$20.00 (payable once per family).
- c) An annual \$55.00 per swimmer registration fee for Pacific Swimming. (A check payable to Pacific Swimming is required at start-up. Annual registration occurs in the fall each year, at which time checks are made payable to: Pacific Swimming.)

**2. MONTHLY DUES, DISCOUNTS, FEES, AND PAYMENTS:**

<p>a) Monthly Dues</p> <ul style="list-style-type: none"> <li>1. Senior Group.....\$140.00</li> <li>2. Gold Junior Group.....\$ 105.00</li> <li>3. Silver Junior Group.... \$ 95.00</li> <li>4. Beginner Group..... \$ 85.00</li> </ul>	<p>The following is an example of how to determine monthly dues:</p> <p>1 swimmer @ \$140.00 = \$140.00</p> <p>1 swimmer @ \$ 95.00 = \$ 95.00</p> <p>less 10% discount for youngest sibling - 9.50</p> <p align="right"><b>TOTAL</b>      \$225.50</p>	<p>Use this chart to determine your monthly dues:</p> <p>___ swimmer @\$140.00 = _____</p> <p>___ swimmer @\$105.00 = _____</p> <p>___ swimmer @ \$95.00 = _____</p> <p>___ swimmer @ \$85.00 = _____</p> <p>less 10% discount for youngest sibling - _____</p> <p align="right"><b>TOTAL \$</b> _____</p>
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- c) Bills are mailed out at the end of each month.
- d) Dues are payable on the 1<sup>st</sup> of each month. **They are considered late if not received by the 10<sup>th</sup> day of the month.**
- e) Any swimmer that is 40 days delinquent on monthly dues, whether active or inactive, will be considered dropped from the club. Appeals can be made in writing to the Treasurer and reviewed by the board at its next scheduled meeting. Swimmers may participate in practice during the appeal period.

**3. MISCELLANEOUS CHARGES:**

- a) A \$10.00 Late Fee will be charged if dues are received after the 10<sup>th</sup> day of the month.
- b) We will charge the amount equal to our bank fee for any returned check.
- c) A \$20.00 re-start fee is required anytime a swimmer starts again after their Last Month dues have been used.

**4. INACTIVE POLICY:**

- a) A swimmer may go inactive with SCCA for an unlimited duration, for any reason, at a rate ½ of normal monthly dues. This will hold the swimmer's place on the team and the swimmer will not be subject to first and last dues and start up fee.
- b) **Inactive Status does not dissolve swimmer's fund raising responsibilities.**

**5. 30-DAY NOTICE REQUIREMENTS:**

- a) We require 30 days notice of discontinuing membership at which time the Last Month dues will be accepted as payment.
- b) A 30-day notice is required to establish an Inactive Status.
- c) Every bill will contain a form to use for the purpose of giving a 30-day notice.

**START-UP WORKSHEET**

- First, determine your Monthly Dues using the chart above  
- Then, determine your Start-Up Costs using the chart here.

First Month's Dues      \$ \_\_\_\_\_  
Last Month's Dues (same) \$ \_\_\_\_\_  
Start-Up Fee              \$ 20.00  
Total Starting Costs    \$ \_\_\_\_\_ (Check# \_\_\_\_\_ Date: \_\_\_\_\_)

**PACIFIC SWIMMING FEE**

(due annually)  
A separate check, made out to  
PACIFIC SWIMMING  
for \$55.00 per swimmer, must accompany  
your SCCA start-up check  
(Check# \_\_\_\_\_ Date: \_\_\_\_\_)

# Santa Cruz County Aquatics

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## WAIVER/RELEASE OF LIABILITY

*PLEASE READ CAREFULLY BEFORE SIGNING.  
THIS IS A RELEASE OF LIABILITY AND WAIVER OF CERTAIN LEGAL RIGHTS.*

I, \_\_\_\_\_, the enrolled participant and/or the parent/guardian of the participant agree and understand that swimming is a HAZARDOUS activity. I recognize that there are risks inherent in the sport of swimming, including but not limited to, paralyzing injuries and death.

The participant hereby agrees to participate in the Swim Team and hereby agrees to indemnify and hold harmless Santa Cruz County Aquatics (SCCA), its coaches, officers, directors, agents and employees against any liability resulting from any injury that may occur to the participant while participating in the Competitive Swim Team. The participant also agrees to indemnify Santa Cruz County Aquatics (SCCA) for any damages incurred arising from any claims, demand, action or cause of action by the participant.

The participant authorizes any representative of Santa Cruz County Aquatics (SCCA) to have the participant treated in any medical emergency during their participation in the Competitive Swim Team. Further, the participant and/or parent/guardian agree to pay all costs associated with the medical care and transportation for the participant.

I have noted on the application form any medial/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 CONTENTS AND SIGNIFICANCE.**

Signed: \_\_\_\_\_  
(Participant or Parent/Guardian)

Date: \_\_\_\_\_