

## MORRIS COUNTY SWIM CLUB LLC REGISTRATION Page1

**Checks payable** to Morris County Swim Club or MCSC. **Mailing address:** MCSC, 5 Paula Ct, Denville, NJ 07834. You may hand-deliver registrations, cash or check payments to an MCSC coach at practice. **Contact the MCSC at [info@mcscnj.com](mailto:info@mcscnj.com).**

Registration approval subject to availability and evaluation. Meets are optional and as approved by the coaches. New Member Fee is for athletes that were prior swim year members of the MCSC. **Fees are for reserving practice time, not actual practices attended.**

<b>SWIMMER NAME</b>	<b>Assigned Level</b>
SWIMMING EXPERIENCE	
SWIMMER GOALS	T-Shirt Size
CAREGIVER REASONS FOR SWIMMER JOINING A SWIM CLUB	

### CIRCLE PLANNED PRACTICE DAYS & TIMES

(Write choice #1, #2, etc, as appropriate. Use only as a guide. Practice times vary by season.)

	Morristown Beard School Fall & Spring Pool Practice Start Times**						County College of Morris Fall & Spring Practice Start Times**		
	Level 1 Lessons	"OAW"	Level 2	Level 3	Level 4	Level 5	Level 2	Level 3	Level 4/5
Sunday	8:30,9, 9:30		9:30 or 10:30	9:30 or 10:45	10:30	10:00			
Monday			4:30	4:30	D5:00 P5:30	D4:30 P5:00	5:30	5:15	4:00
Tuesday			4:30	4:30	D5:00 P5:30	D4:30 P5:00	5:00	4:45	P4:00 D5:30
Wednesday			4:30	4:30	D5:00 P5:30	D4:30 P5:00	5:30	5:15	4:00
Thursday			4:30	4:30	D5:00 P5:30	D4:30 P5:00	5:00	4:45	P4:00 D5:30
Friday			4:30	4:30	5:30	5:00	5:30	5:15	4:00
Saturday	1:00, 1:30	2:00	10:00 or 1:00	10:00 or 12:45	11:15	11:00	3:30	3:30	4:30

\*\* From mid-Nov to mid-Feb, MBS Mon-Fri practice start times shift to 5PM. CCM drops all Mon & Wed practices, Tuesday changes to L2/3 7:00 & L4/5 7:45 starts, Thursday changes to L2/3 7:30 & L4/5 8:00 & Friday L4/5 changes to 5:00. See the practice schedule on [www.mcscnj.com](http://www.mcscnj.com) for full details.

### FEE SCHEDULE

- "Pre-team Lessons", and "Once-A-Week" - circle planned months below, include \$30 Registration Fee and complete page 2. Both programs are pay as you go. Pre-team lessons are \$20 for a 30 minute lesson and \$35 for a 60 minute lesson. "OAW" is \$25 per practice (2:00-3:15).
- All others, complete this section. *Fees are for reserving practice time, not actual practices attended.*

Days Per Week	Circle the months you plan to swim, based on the number of practice days per week for any given month <small>*Jul/Aug counts as 1month</small>	# of Months	Base Fee	New (1)	Vol (2)	USS (3)	Net= Base +1-2-3	Total (#Mo X Net)
1 to 2 days	Sep Oct Nov Dec Jan Feb Mar Apr May Jun Jul/Aug*		\$130					
3 days	Sep Oct Nov Dec Jan Feb Mar Apr May Jun Jul/Aug*		160					
4 or more	Sep Oct Nov Dec Jan Feb Mar Apr May Jun Jul/Aug*		190					
<b>Total Fee</b>								
<b>Descriptions for above columns:</b>								
(1) <b>New Member Fee</b> +\$10 each month for your first 11 months, if not a member of MCSC during the prior swim year.								
(2) <b>Volume Discount (\$ monthly credit)</b> 0-2 mo = \$0, 3-7mo = -\$5, 8-10 mo = -\$10, 11 mo = -\$15								
(3) <b>USS Certified Officials Credit (-\$15 monthly credit)</b>								
<b>Early Payment Discount</b> for Quarterly on-time payment, subtract \$10 or Full Year on-time payment, subtract \$40								
<b>Registration Fee of \$30 plus or minus other fees or credits (\$</b>								
<b>Grand Total Fees</b>								
<b>Minimum Due with Registration</b> At least 2 months payment plus Reg Fee. For the quarterly on-time discount, 3 months.								
There is a <b>Late Fee</b> for any payment not received by 1 <sup>st</sup> day of any month, add \$5.								
<b>Remaining Fee Due</b> =Grand Total – Amount Due with Registration. Monthly or Quarterly payments due by the 1 <sup>st</sup> of any swim month. Late Fee assessed for all payments after the 1 <sup>st</sup> of the month. Fees are based on planned practices, not actual practices and are due in advance of planned practice months. Payments can be mailed to MCSC, 5 Paula Ct, Denville NJ 07834								

**MORRIS COUNTY SWIM CLUB LLC REGISTRATION PAGE 2**

**EMERGENCY MEDICAL AUTHORIZATION/CONSENT/WAIVER/AGREEMENT/REGISTRATION**

As the parent or legal guardian of the child named below, I hereby give full consent and approval for my child to participate in activities of the Morris County Swim Club (MCSC). I understand that there are certain risks of injury inherent in the practice and play of this sport, as well as in traveling and other related activities incidental to my child's participation. I am willing to assume all risks on behalf of my child. I hereby certify that my child is fully capable of participating in the designated sport, is healthy and has no physical or mental disabilities or infirmities that would restrict full participation in these activities, except as listed below. I approve emergency treatment for my child by a qualified, licensed physician if the below named family physician is not available. I also understand that the MCSC is unable to provide medical coverage for injuries that may be sustained. I hereby agree to use my own hospitalization/insurance to cover any such expense and releases, waives, discharges and covenants not to sue the MCSC, administrators, members, directors, coaches or affiliates. I authorize the MCSC to utilize in any promotional or publicity materials any photograph, video, description or likeness taken during any MCSC activity.

<b>Mother's Name</b>	<b>Father's Name</b>
<b>Contact Phone #</b>	<b>Contact Phone #</b>
<b>Email</b>	<b>Email</b>
<b>Physician</b>	<b>Phone</b>
<b>Emergency Contact</b>	<b>Phone</b>

Athlete's medical history, including any conditions such as physical impairments, allergies, medications being taken or authorized, etc. to which a coach or physician should be alerted are:



**USA SWIMMING**

**ATHLETE REGISTRATION APPLICATION LSC: NJ**

REG. DATE / OFFICE USE ONLY

--	--	--	--	--	--	--	--

PLEASE PRINT LEGIBLY ● COMPLETE ALL INFORMATION:

LAST NAME	LEGAL FIRST NAME	MIDDLE NAME

PREFERRED NAME	DATE OF BIRTH (MO./DAY/YR.)	SEX (M/F)	AGE	CLUB CODE	NAME OF CLUB YOU REPRESENT
				MCSC	Morris County Swim Club

IF UNATTACHED ENTER UN

**MAILING ADDRESS**

CITY	STATE	ZIP CODE

AREA CODE	TELEPHONE NO.

U.S. CITIZEN?  YES  NO  
 ARE YOU A MEMBER OF ANOTHER FINA  
 FEDERATION?  YES  NO  
 IF YES, WHICH FEDERATION: \_\_\_\_\_

**DISABILITY:**

- A. Legally Blind or Visually Impaired
- B. Deaf or Hard of Hearing
- C. Physical Disability such as amputation, cerebral palsy, dwarfism, spinal injury, mobility impairment
- D. Cognitive Disability such as mental retardation, severe learning disorder, autism

**ETHNICITY** (In accordance with U.S. Census Bureau guidelines, you may make up to two choices if appropriate):

- Q. African American
- R. Asian or Pacific Islander
- S. Caucasian
- T. Hispanic
- U. Native American
- V. Other
- W. Decline

YEAR LAST REGISTERED \_\_\_\_\_. IF YOU REGISTERED WITH A DIFFERENT USA SWIMMING CLUB PREVIOUSLY, ENTER THAT CLUB CODE \_\_\_\_\_ LSC CODE \_\_\_\_\_ AND THE DATE OF YOUR LAST COMPETITION REPRESENTING THAT CLUB \_\_\_\_/\_\_\_\_/\_\_\_\_.

*USA Swimming occasionally makes its membership list available to its marketing partners. Please notify USA Swimming's Member Services Dept. at 719/866-4578 if you do not wish to receive these mailings.*

**SIGN HERE x** \_\_\_\_\_ **Date** \_\_\_\_\_  
**SIGNATURE OF ATHLETE, PARENT OR GUARDIAN**

ANNUAL MEMBERSHIP INCLUDE A 1-YEAR SUBSCRIPTION TO SPLASH

**MORRIS COUNTY SWIM CLUB LLC REGISTRATION PAGE 3**

**Swim Meets** – Meets are optional for all members. If you would like to be considered for the Short Course season meets, provide your availability. You can adjust your availability during the season. Check [www.mcscnj.com](http://www.mcscnj.com) for meet schedule updates. Circle all dates that the swimmer is available or write in the available dates. Meets and Meet dates may change during the season.

Date	Ages	Meet	Location	Write in available dates
09/26/09	All	Get Your Other Times Trial	CCM	
10/3	L3&5	Level 5 Invitational	CCM	
10/24	L3&5	Gut Check IM's	CCM	
11/7	10&U	10&U	CCM	
11/14/09	11&O	Turkey Sprints/Pilgrim Miles	CCM	
11/21-22	L3&5	Distance Derby	Newark Academy	
12/5 or 12	10&U	10&U	CCM	
12/04/06	L3&5	Holiday Madness or	Felix Festa NY	
12/11-13	L4&5	Eastern Express	Rutgers	
12/10-12	JrNat	Speedo SC Junior Champs	Columbus, OH	
12/19	L3&5	200 Presents	CCM	
1/15-17	Times	Burgdorff LC or	Rutgers	
1/16-17	11&O	Princeton Tigers	Princeton	
1/30	11&O	Happy New Swims	CCM	
2/6	10&U	10&U	CCM	
01/29/31	Times	Junior State Champs	Witherspoon	
2/19-20	Times	Senior State Champs	Seton Hall	
2/27-28	11&O	Last Chance Festa or Lehigh	Festa NY or Lehigh	
2/27-28	9-10	9&10 Silver Bronze	TBD Newark Academy	
3/6-7	13-19	13&O Silver Bronze (co-host)	Rutgers	
3/6-7	11-12	11&12 Silver Bronze	Bergen Comm College	
3/9	Close & 8U	Close to Gold & Mini Champs	CCM	
3/12-14	Gold	Short Course Junior Olympics	Rutgers	
3/11-14	Times	Speedo SC Champs North	Buffalo NY	
3/25-28	Times	Speedo SC Champs South	Germantown MD	
4/1-3	Zone	Eastern Short Course Zones	Webster NY	

**MCSC Gear**

Team Suit	Cost	Sizes	Size	Total Cost
Female	\$50	Y22, Y24, Y26, Y28, 26-40		
Male	\$35	22-38		
Personalized Caps (Only in Sept)	Cost	Name on Caps (One word)	# of sets of 2	Total Cost
Silicone	2 for \$25			
Latex	2 for \$10			
Generic MCSC caps (no name)				
Silicone	2 for \$20	N/A		
Latex	2 for \$6	N/A		
Magnet, specify black or blue	\$5			
Water bottle	\$7			
Winter cap	\$15			
Ball cap, specify red, white or blue	\$15			
Towel	\$20			
Hooded sweatshirt, specify size youth sm, m, l, adult s, m, l, xl	\$25			
Zipper, Hooded sweatshirt, specify size adult s, m, l, xl	\$30			
MCSC Duffle – Speedo Medium Performance Duffle (SP01101, Navy) with MCSC Logo and name embroidered in white.	\$45	Name:		
MCSC Backpack – Speedo Performance Backpack (SP02101, Navy) with MCSC Logo on top and name embroidered on side in white.	\$65	Name:		
<b>Total Cost</b>				



If you are a new member and were ever registered with a different **NEW JERSEY USA Swimming** club, NJ Swimming requires that you complete the **NEW JERSEY SWIMMING** following transfer form. (N/A for summer league swim teams.)

**New Team: Morris County Swim Club**

**New Club Code: MCSC-NJ**

Swimmer Name:

Birthdate:

Address:

Phone:

**Previous Team:**

**Previous Club Code:**

Last **USA meet** where the swimmer represented the previous team was:

(name of meet)

at (place)

on (date)

I certify that the above information is correct, and that the swimmer named above is transferring from the previous swimming club/team free of any debt or financial obligations to that team/club.

\_\_\_\_\_  
(Signature of Swimmers Parent or Guardian)

Date

---

**NEW JERSEY SWIMMING – OFFICE USE ONLY**

Date Received \_\_\_\_\_ Meet Verified \_\_\_\_\_ Initials \_\_\_\_\_ Attach Date \_\_\_\_\_

Previous Team Head Coach \_\_\_\_\_ Notified New Team \_\_\_\_\_