

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.**

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.**

SWIMMER NAME	Assigned Level
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	8:30,9:00, 9:30		9:00	9:00	10:30	10:00			
Monday			4:30	4:30	5:00	4:30	5:15	5:00	4:00
Tuesday			4:30	4:30	5:00	4:30	4:45	4:45	4:00
Wednesday			4:30	4:30	5:00	4:30	5:15	5:00	4:00
Thursday			4:30	4:30	5:00	4:30	4:45	4:45	4:00
Friday			4:30	4:30	5:00	4:30	5:15	5:00	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. CCM 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 for full details.

FEE SCHEDULE

- **"Pre-team Lessons"**, and **"MBS Once-A-Week 2PM Saturdays"** - circle planned months below, include \$40 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 Saturday" is \$25 per practice (2:00-3:15) from Sept-April.
- All others, complete this section. *Fees are for reserving practice time, not actual practices attended.* **High School Program** is a minimum monthly payment of \$80, for 1 practice per week. Additional practices are \$20, pay as you go.

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 +1-2-3 = Net	Total (#Mo X Net)
			Base Fee	New (1)	Vol (2)	USS (3)			
1 to 2 days	Sep Oct Nov Dec Jan Feb Mar Apr May Jun Jul/Aug*		\$140	+	-	-	=		
3 days	Sep Oct Nov Dec Jan Feb Mar Apr May Jun Jul/Aug*		170	+	-	-	=		
4 or more	Sep Oct Nov Dec Jan Feb Mar Apr May Jun Jul/Aug*		200	+	-	-	=		

Total Fee

Descriptions for above columns:

(1) **New Member Fee** +\$10 each month for your first 11 months, if not a member of MCSC during the prior swim year.

(2) **Volume Discount (\$ monthly credit)** 0-5 mo = \$0, 6-7mo = -\$10, 8-10 mo = -\$15, 11 mo = -\$20

(3) **USS Certified Officials Credit** = -\$15 monthly credit and for 20+ sessions= -\$30 monthly credit

Early Payment Discount for Quarterly on-time payment, subtract \$10 or for Full Year on-time payment, subtract \$40

Registration Fee of \$40

Grand Total Fees

Minimum Due with Registration At least 2 months payment plus Reg Fee. For the quarterly on-time discount, 3 months.

There is a **Late Fee** for any payment not received by 1st day of any month, add \$5.

Remaining Fee Due =Grand Total – Amount Due with Registration. Monthly or Quarterly payments due by the 1st of any swim month. Late Fee assessed for all payments after the 1st 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.

Mother's Name	Father's Name
Contact Phone #	Contact Phone #
Email	Email
Physician	Phone
Emergency Contact	Phone

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

MCSC ATHLETE REGISTRATION APPLICATION LSC: NJ

REG. DATE / OFFICE USE ONLY

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PLEASE PRINT LEGIBLY • COMPLETE ALL INFORMATION:

<small>LAST NAME</small>	<small>LEGAL FIRST NAME</small>	<small>MIDDLE NAME</small>

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

MAILING ADDRESS

<small>CITY</small>	<small>STATE</small>	<small>ZIP CODE</small>

<small>AREA CODE</small>	<small>TELEPHONE NO.</small>

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



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 _____