

MORRIS COUNTY SWIM CLUB LLC REGISTRATION

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.

NAME	PHONE	EMAIL
Caregiver 1		
Caregiver 2		
Athlete		
Physician		
Emergency Contact		

Athlete's medical history, including any conditions such as physical impairments, allergies, medications.

Practice Plan (For "Type", write in 2 for 1-2 practice days per week, 3=3 days, 4=4 or more days, L=Lessons, H=High School, C=College, O=OAW Saturdays MBS 2PM.)

Level	Type	Circle planned months	Circle planned practice days by pool
		Sep Oct Nov Dec Jan Feb Mar Apr May Jun Jul/Aug	CCM Mon Tue Wed Thu Fri Sat
			MBS SunAM SunEve Mon Tue Wed Thu Fri SatAM SatPM



USA SWIMMING / MCSC APPLICATION LSC: NJ

REG. DATE / OFFICE USE ONLY

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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

MCSC Fees

New members: after successful evaluations, an email is sent out with a confirmation of practice months/days and includes Fee details. No Fees are due before membership confirmation.

Current members: email registration@mcscnj.com by June 30 to reserve their membership for the next calendar year. A new registration form is only required if there are changes to contact information, medical info, mailing address, etc.

Cash or check payments to an MCSC coach at practice or **mailing address:** MCSC, 5 Paula Ct, Denville, NJ 07834. **Checks payable** to Cash, MCSC or Morris County Swim Club.

Fees are for reserving practice time, not actual practices. No credits for missed practices, though the MCSC encourages make-ups. Every effort should be made to get make-ups in within 2-weeks, before or after the missed practice.

The "monthly" fee is not based on the number of swim days in a given month. Monthly fee is based on total yearly fee divided by 11 (July & August count as 1 month). Members are responsible for fees for the months they sign up, but only through the current month of the date that they contact registration@mcscnj.com requesting a change.

All Members Annual Registration \$40.

Regular Membership

Base Monthly Fee

Practice Days Per Week	Monthly Fee
1-2 Days	\$145.00
3	\$185.00
4 or more	\$250.00

Volume Discount

Number of Months	Monthly Discount
0 – 5	\$0.00
6 – 7	\$10.00
8 – 10	\$15.00
11 – 12	\$20.00

Other Fees & Discounts

Late Payment Fee	Add \$5 when payment is sent in after the 1 st of the month.
New Member Fee	\$10 per month for first 11 months.
Early Payment Discount	\$10 for every 3 months, on-time, in advance payments.
USS Swimming Certified Official Discount (Become a certified USS Official for a family discount)	\$25 per month, per swimmer.
Revenue Sharing Credit for volunteering co-hosted March 13-19yr old Silver/Bronze meet at Rutgers	\$30-\$500 credit toward next year fee.
Clinic Fee, optional stroke clinics (August & March)	\$15 per clinic day, \$45 max per week.

Specialty Programs

Level 1 Lessons, pay as you go.	\$20 for 30 minutes, \$35 for 1 hour lesson.
Once-a-week (OAW) on Saturdays	\$25, pay as you go.
High School	\$80 per month, due by 1 st of the month for one practice per week, \$20 for additional practices, pay as you go.

Contact the MCSC at registration@mcscnj.com.