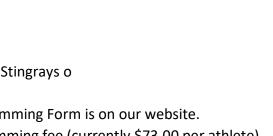
September 2019:

## **Financial Policy:**

Registration fee and re-enrollment fee \$200.00 Dues are paid on a monthly basis.

- o One swimmer \$150.00 per month o
- o Two swimmers \$250.00 per month o
- o Three swimmers \$335.00 per month o
  - o All checks are payable to South Valley Stingrays o



USA Swimming registration fee \$ 73.00. The Pacific Swimming Form is on our website.

Pacific Swimming: there will be an annual USA Swimming fee (currently \$73.00 per athlete).

Please mail the form, along with your check, payable to Pacific Swimming, to the address on the form. USA Swimming membership is valid from Sept 1, 2019 to December 31, 2020.

\*\*Please do not turn your Pacific Swimming Reg Fee/Form into the team or Coach\*\*

## **Monthly Dues Commitment:**

Membership in the Stingray program is a month to month commitment.

If your swimmer does not swim for a period of time (i.e. for the Summer) swimmer/s will be subject to a re-enrollment fee of \$200 per family.

Initia	
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I have read and understand the dues commitment and Stingrays policies.

Parent Signature	Date		

## **Parent Participation Contract**

Swimmer(s) Name(s):					
I understand that parents your children swim at swi	al participation is a requirementim meets.	t as part of the Stin	gray program if		
volunteers assigned to o	rticipants in swim meets requinur team for a swim meet is baself your child is swimming in a rour team.	sed on the number	of Stingrays		
	sing activities are necessary to dues low. Participation in fund				
By signing my name, I acknow to the same.	wledge that I understand the re	sponsibilities listed	above and agree		
Parent's Signature					
Registration Information	n:				
Family Information	-				
Name:					
Last	Mother		Father		
Address:					
Street	City	State	Zip		
 Email # 1		Email # 2	Email # 2		
Phone					
(10 Digit):	Mother's Cally		Fathor's Call #		
Home #	Mother's Cell#		Father's Cell #		

Swimm	er #1						
Male	_ Female	Ne	w to Team	Returning	_ (check one)		
NAME:	Last		First	Middle		Nickname	
Birthdate		Age		Swii	mmer Cell Phone (	if any)	
School		Grade		Prev	Previous USA Swim Club		
Swimm	er #2						
Male	_ Female	Ne	w to Team	Returning	_ (check one)		
NAME:	Last		First	Middle		Nickname	
Birthdate		Age		Swii	mmer Cell Phone (	if any)	
School	Grade		Previous USA Swim Club				
Swimm		No	w to Team	Returning	(check one)		
iviale	_ 1		w to ream	Keturiiiig	_ (check one)		
NAME:	Last		First	Middle		Nickname	
Birthdate	2	Age	Swimmer Cell Phone (if any)				
School		Grade		Prev	/ious USA Swim Cl	 ub	