



SUMMIT SWIMMING

ACCOUNTING
Summit Swimming
P. O. Box 606
Snellville, GA 30078
7870-979-9000 ext. 110

BILLING INQUIRIES
9:30 am - 2:30 pm, Tues. - Fri.
OR
Email: lynne@summitchasecc.com
Fax: 770-978-8951
Humphrey Fraser:
summitswimming@hotmail.com



2505 Tribble Gates Dr

www.summitswimming.com

Loganville, GA 30052



Office #(770)466-5360

IT'S TIME TO REGISTER FOR THE 2011/2012 SEASON

PLEASE MAKE NOTE OF THE FOLLOWING IMPORTANT ITEMS:

1. We have enclosed your new Registration Form/Contract to sign and return. Please read this form as it contains important administrative and billing information.

Your registration fee and September dues are listed on the new contract. If you are a club member or if you have a second swimmer, the amount listed in the monthly dues already reflects your discount. You may elect to pay automatically by Visa or Mastercard each month. Be sure to fill out the automatic payment area on the Registration Form/Contract. If you used this method last year, you will still need to fill out this form again. We do not accept American Express at this time.

Please return the signed contract with your payment by September 15.

2. If you do not want to return to the program for the upcoming year, just let us know by mail, phone, fax or e-mail as listed above under "Accounting". ***PLEASE NOTE: Once enrolled, terminations must be given in writing to the accounting office with a 30 day notice.***

3. Your swimmer may have progressed upward into a new group based on their increased skill level as determined by the coaching staff. If you have any questions or do not feel your child should be moved up, please call or email (see above) and we will prepare a new form for you.

4. A copy of your signed registration form will remain on file in the accounting office and will serve as your acknowledgment of the terms and conditions of the aquatics club membership. We will be happy to furnish a copy to you on request.

5. A fee structure is printed on the back of this notice.

2011/2012 AQUATICS DUES

Level	Monthly	10%	20%	25%	Annual
		Disc. 2nd Swimmer	Disc. 3rd Swimmer	Disc. Club Member	5% Disc. w/o Reg
Peak	175.00	157.50	140.00	131.25	1,828.75
Summit I (Gold, Senior)	155.00	139.50	124.00	116.25	1,619.75
Summit I.V	145.00	130.50	116.00	108.75	1,515.25
Summit II (Silver)	140.00	126.00	112.00	105.00	1,463.00
Summit III (Bronze)	110.00	99.00	88.00	82.50	1,149.50
Summit IV (Blue)	105.00	94.50	84.00	78.75	1,097.25

Registration \$120.00 (\$110.00 for each additional child in the same family)

All contracts are billed 11 months - September through July

REGISTRATION FORM AND CONTRACT

SUMMIT SWIMMING 2011 - 2012 SWIM SEASON

ACCOUNTING:
Summit Chase Aquatic Club
P O Box 606 Snellville, Ga. 30078
(770) 979-9000 Ext 110

BILLING INQUIRES:
9:00 am - 2:00 pm Tuesday thru Thursday
OR
E-mail to lynne@summitchasecc.com

EXPLANATION OF BILLING POLICY:

At registration, each swimmer is required to pay the registration fee and one month's dues in advance and will be billed for an additional 10 months of swimming.

Billing for the monthly dues will be sent out on the first (1st) of the month and payment is due back by the last day of each month. A TEN (\$10.00) dollar late fee will be added to those accounts that are not received by the last day of the month. Please make sure that you mail your payments to the club accounting department (the correct post office box is given above and printed on your monthly billing statement, or use the payment receptacle in the clubhouse foyer).

PLEASE DO NOT GIVE DUES PAYMENTS TO THE COACHES. Any swimmer with an account 30 days past due will not be allowed to practice with their group until the account is paid in full. Discounts are available for multiple swimmers or for dues paid one year in advance.

CHANGE IN MEMBERSHIP STATUS:

If there is any change in your membership status in the Summit Chase Aquatic Club, we require a written notice 30 days in advance to be turned in to our accounting office. These changes include change in swim teams, temporary leave from swimming or termination of your membership. This will allow us ample time to adjust your account and keep our records current. Changes given verbally to a coach must be followed immediately by a written notice to the accounting office.

AUTOMATIC PAYMENT

I elect to pay by credit/debit card. Circle one: Master Card Visa

Number _____ Exp _____

Print Name as it appears on card _____

Authorized Signature _____

I hereby understand and agree to the terms and conditions stated above.

SIGNATURE _____ **(Parent or Guardian)**

DATE _____ **CLUB MEMBER #** _____ *

PLEASE DO NOT DETACH - RETURN ENTIRE FORM

NAME _____ **BILLING #** _____

GROUP _____ **REG FEE** _____ **** MONTHLY DUES** _____ **TOTAL** _____

*Summit Chase Country Club members receive a 25% discount on the monthly dues (no discount permitted on registration fees).

** The registration fee is \$120.00 first swimmer and \$110.00 additional swimmer(s) in the same family.

Shirt Size _____
Suit Size _____

Group _____
Check# _____
Start Date _____

2011/2012 SEASON

SUMMIT SWIMMING

TEAM REGISTRATION FORM

Swimmers Name (First, MI, Last) _____

Sex ___ Age ___ Birthdate _____ School _____ Grade _____

Street Address _____ Zip Code _____

City _____ Phone _____

Previous Competitive Experience: Summer League ___ High School ___ USS ___

Summer League Team _____ Years Swum _____

Last USS Swim Team _____ Date last Represented _____

Father's Name _____ Home Phone _____

Occupation/Position _____ Bus. Phone _____

Employer _____ Cell Phone _____

Email address _____

Mother's Name _____ Home Phone _____

Occupation/Position _____ Bus. Phone _____

Employer _____ Cell Phone _____

Email address _____

Hobbies _____

Other Social Groups _____

Special Skills _____

Referred by _____

Medical Care Authorization Form

Child's Name _____ Age _____ DOB _____

Address _____ Home Phone _____

City _____ State _____ Zip Code _____

Significant Medical History (Allergies, Surgeries, Injuries)

Medications Currently Being Used _____

Insurance Coverage: (Group Name and Contract Number)

Personal Physican _____ Phone _____

Dentist _____ Phone _____

=====

TO WHOM IT MAY CONCERN:

We hereby give full power of attorney to the Summit Chase Coaching Staff or team chaperones to authorize and contact for such medical or dental care as deemed necessary for _____ (child's name) by a physician or dentist. Any such authorization and contact shall be on our behalf and in our name and stead.

Parents
Name _____
(print name)

Signature _____ Date _____

Person to notify in case of an emergency if parent not available:

_____ Phone _____