

**\*\*REGISTRATION FEE INFORMATION\*\***

**\*\* VERY IMPORTANT\*\***

**ALL CHECKS AND REGISTRATION FORMS SHOULD BE DROPPED AT THE POOL OR MAILED TO:**

SPSA  
PO Box 243  
Severna Park, MD 21146

**\*\*\*FOR RETURNING SWIMMERS\*\*\***

To ensure a spot on the team for your returning swimmer(s), we must have **received** each swimmer's registration form and a check for \$125.00 by **July 3rd** (**\$150 if received after July 3rd**). This is a NON-REFUNDABLE registration fee.

There are two types of payments. The first payment is the registration fee. The *family registration fee* of \$150.00, which is reduced to \$125 if received by **Friday, July 3rd** and the remaining \$225.00 (YMCA and USA fees combined) per swimmer will be billed in your monthly statements due beginning August 1. Checks should be made payable to "Severna Park Swimming Association, Inc."

The second payment(s) is the program fee, which varies from group to group. Attached is the payment schedule for each group. **Payment is due the first day of the month** noted. A late fee of \$25 will be assessed for payments received after the 10th day of the month. Basically all the groups have a program fee due on August 1st.



**MEMBERSHIP APPLICATION FOR SPY SWIM TEAM**  
**2009-2010 SEASON**  
**INFORMATION ON MEMBER FAMILY**

<u>FAMILY NAME</u>			
<u>STREET ADDRESS</u>	<u>CITY</u>	<u>ZIP</u>	<u>SUMMER TEAM</u>
<u>PRIMARY E-MAIL ADDRESS</u>		<u>PRIMARY PHONE NUMBER</u>	
<u>FATHER'S NAME:</u> Employer:  Cell/Contact #:  Special Skills (volunteering):		<u>MOTHER'S NAME:</u> Employer:  Cell/Contact #:  Special Skills (volunteering):	

**INFORMATION ON SWIMMERS**

Swimmer 1: _____ (First, Middle Init., Last)	Date of Birth: _____	Age (12/1/08): _____
Preferred Name: _____	Grade 2009-2010: _____	Group (2008-2009): _____ Group (2009-2010): _____ [coaches will complete]
Swimmer 2: _____ (First, Middle Init., Last)	Date of Birth: _____	Age (12/1/08): _____
Preferred Name: _____	Grade 2009-2010: _____	Group (2008-2009): _____ Group (2009-2010): _____ [coaches will complete]
Swimmer 3: _____ (First, Middle Init., Last)	Date of Birth: _____	Age (12/1/08): _____
Preferred Name: _____	Grade 2009-2010: _____	Group (2008-2009): _____ Group (2009-2010): _____ [coaches will complete]
Swimmer 4: _____ (First, Middle Init., Last)	Date of Birth: _____	Age (12/1/08): _____
Preferred Name: _____	Grade 2009-2010: _____	Group (2008-2009): _____ Group (2009-2010): _____ [coaches will complete]



Parent/Guardian please initial each item and sign at the bottom:

\_\_\_\_\_ I agree to pay all applicable fees when they are due. A late fee of \$25.00 will be imposed if payment is received after the 10<sup>th</sup> of each month (see notes below). I understand that the registration fee is non-refundable. I also understand that program fees are based upon the expenses that the entire team incurs and hence we are not able to issue refunds or prorate fees due to an injury or illness.

\_\_\_\_\_ I understand that SPY Swimming is dependent upon its volunteer support. I agree that I will volunteer to support the team.

\_\_\_\_\_ I give consent for my child(ren)'s pictures to be posted on the SPY Swimming website [www.spyswimming.org](http://www.spyswimming.org).

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Parent/Guardian Signature

**NOTES:**

1. Payment is due on the 1<sup>st</sup> of the month. A \$25.00 late fee will be imposed if payment is received after the 10<sup>th</sup> of the month. If full payment of delinquencies (and late fees) is not made within 45 days of the due date, then the swimmer(s) covered by that account will not be afforded the opportunity to participate in swim meets. Depending upon the amount and duration of the delinquency, the swimmer(s) also may be denied participation in practice. The ability to participate in meets and practice will be restored upon full payment of all delinquencies.
2. Spies, Investigators and Sleuth program fees are for full year programs. For Private Eyes, Detectives and Gumshoe groups, the program fees shown only include September to March.
3. For those swimmers in the Private Eyes and Detectives groups who wish to continue training through the spring season (March to May), the spring fee for Private Eyes will be \$150 and for Detectives \$200, half of which will be due March 1<sup>st</sup> with the balance due on April 1<sup>st</sup>.
4. A 5% discount on program fees is available if the entire annual program fee is paid by September 1<sup>st</sup>.
5. A discount of 25% of the lowest program fee is given to the 3<sup>rd</sup> swimmer and a discount of 50% of the program fee is given to the 4<sup>th</sup> swimmer in the same family. These discounts do NOT apply to the YMCA and USA registration fees, which are passed through to the governing bodies that sanction our team and its participation.
6. SPY cannot discount or prorate any program fees due to injury or illness.
7. During the swimming season it is possible that your swimmer's practice group will change. If this occurs, your bill will be adjusted and prorated accordingly.

## **Auto billing Authorization**

As a convenience for our members, SPY Swimming has created an auto bill system using your credit card on file. This is an optional automatic credit card payment plan to our members. If you would like to take advantage of this, please complete the information below and return along with your registration packet. Highlights of this program are as follows:

- You will still receive a statement each month to review.
- Your credit card will automatically be billed after the due date of your bill for any balance due showing on your statement.
- If you notice a problem with your statement, you need to contact [finance@spyswimming.org](mailto:finance@spyswimming.org) *PRIOR to the 10<sup>th</sup> day of the month.*

***ALL MEMBERS MUST COMPLETE A NEW AUTO BILLING AUTHORIZATION ANNUALLY.***

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I, \_\_\_\_\_, authorize Severna Park Swimming Association to charge my credit card the amount due on my account statement after the 10<sup>th</sup> of each month. I will notify [finance@spyswimming.org](mailto:finance@spyswimming.org) at SPSA no later than the 10<sup>th</sup> of each month if I do not wish to have the amount shown on my statement billed to my account. I agree to perform the obligations set forth in the Cardholder's Agreement with the Issuer.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(address)

Name on credit card \_\_\_\_\_ Expiration date \_\_\_\_\_

Credit Card Number \_\_\_\_\_ VISA    Mastercard

Security Code *on the back* of Credit Card (3 or 4 digits following your account number) \_\_\_\_\_