



FCA Masters Registration Form 2010-2011

September 8th – July 29th
M/W/F 5:30 am – 6:30 am

Full Name: _____ DOB: _____

Billing Address: _____ Primary Phone: _____

Email: _____ Secondary Phone: _____

Emergency Contact: _____

Fees	Community	FCS or FCA Parents	Total
<input type="checkbox"/> Year (9/8 – 7/29) *	\$ 750	\$ 700	
<input type="checkbox"/> Fall/ Winter (9/8 – 3/18)**	\$500	\$450	
<input type="checkbox"/> Spring/Summer (4/4 – 7/29)**	\$400	\$350	
Additional Fees (per swimmer)			
Initiation: (one time only)	\$50		
USMS Membership: (yearly)	\$35		
Equipment Fees: (\$25 per season)	\$25 for F/W or S/S / \$50 for Year		
Swim Meet Escrow (per season)	\$50		
Checks must be made payable to FRIENDS' CENTRAL SCHOOL		TOTAL:	
<input type="checkbox"/> MasterCard	Name	Card #	Exp. date
<input type="checkbox"/> Visa			

***A MINIMUM OF 50% IS REQUIRED FOR THE YEAR LONG REGISTRATION FORM. BALANCE IS DUE BY 12/17/2010.**

****COMPLETE PAYMENT MUST BE SUBMITTED WITH THIS REGISTRATION FORM. NO SWIMMER WILL BE ALLOWED TO PARTICIPATE UNTIL THEY HAVE COMPLETED A REGISTRATION FORM, EMERGENCY CONSENT FORM AND SUBMITTED THE APPROPRIATE FEE.**

Cancellations are subject to a \$100 fee. There will be no refunds after the second week of a season. There will be no prorating.

I, the undersigned, as a condition of using the pool and related facilities (the "Pool") at Friends Central School ("FCS"), have read the instructions for the completion of this form, comply with all requirements in such instructions and accept full responsibility for the determination of my physical fitness to use the Pool and agree that my determination, which I understand should be made in consultation with a licensed physician, shall be relied upon by FCS and Friends Central Aquatics ("FCA") in permitting me to use the Pool. Intending to be legally bound, I hereby release and discharge FCS and FCA and each of their trustees, directors, officers, employees, and agents from all claims, losses, causes of action, suits, liabilities or otherwise of any kind or nature whatsoever, in law or equity, known or unknown, arising at any time in connection with, directly or indirectly, my use of the Pool. Further, I agree to indemnify, defend and hold harmless each of the above mentioned organizations and individuals from and against all claims, demands, losses, damages, liabilities, costs and expenses (including, without limitation, attorneys fees and disbursements) relating to any personal injury, including injuries resulting in death, or property damage or both in connection with my use of the Pool.

FCA shall not be responsible for any loss or damage to personal property.

Signature _____ Date _____



Masters Emergency Consent Form
(This information must accompany all registration forms)

Swimmer's Name _____ Date of Birth _____

Health Insurance Company _____ Health Insurance Numbers _____

Physician's Name _____ Physician's Phone _____

Physical or Medical Concerns _____

Do you have allergies? No Yes Please list:

Are you taking any medications regularly? No Yes Please list:

Emergency Contact:

Name Relationship Daytime Phone

All swimmers **must submit a completed Emergency Consent form in order to participate in Friends' Central Aquatics**