



FCA Team Phoenix Registration Form 2010-2011

September 13th - March 3rd
M/W/Th 6:30 pm – 8:00 pm

Child's Full Name: _____ Preferred Name: _____ DOB: _____

Parents' Names: _____

Billing Address: *(Please provide any secondary parent address information on the reverse side of this form)* _____

City, State, Zip: _____

Home Phone: _____ Work Phone: _____ Cell #: _____

School Affiliation: _____ Email: _____

Child's Pediatrician: _____ Dr. Phone: _____

Emergency Contact: _____ Number: _____

Fees	Community	FCS or FCA Parents	Total
Season (9/13 – 3/3)	\$ 550	\$ 500	

Additional Fees (per swimmer)

Initiation: (one time only)	\$50		
USMS Membership: (yearly)	\$60		
Equipment Fees:	\$35		
Swim Meet Escrow:	\$50		
Late fee (if submitted after 09/03/2010)	\$50		
Checks must be made payable to FRIENDS' CENTRAL SCHOOL		TOTAL:	
<input type="checkbox"/> MasterCard	Name	Card #	Exp. date
<input type="checkbox"/> Visa			

Please indicate which suit size and T-shirts size (for ordering purposes only):

Swim Suit Size: M / F 22 24 26 28 30 32 34 36

T-shirt/Sweatshirts size (for ordering purposes only): YS YM YL / AS AM AL AXL

COMPLETE PAYMENT MUST BE SUBMITTED WITH 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 09/24/2010.* There will be no prorating.

Numbers for all programs are limited and slots are filled on a strictly first-come, first-served basis. Levels subject to change upon staff evaluation. FCA shall not be responsible for any loss or damage to personal property.

I hereby give permission for my child to: Take part in all Friends' Central Aquatics activities; be treated by the FCA staff, local doctor, or area hospital in the case of an emergency; and appear in photographs that may be used for the purpose of publications or advertising including the FCA website.

Parent /Guardian Signature _____ Date _____

Friends' Central Aquatics: 1101 City Avenue, Wynnewood, PA 19096
Phone: (610) 658-5632 fax: (610) 658-5643 email: fcaquatics@friendscentral.org
www.friendscentral.org/FCA



Team Phoenix 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 _____

Does your child have allergies? No Yes Please list:

Is your child taking any medications regularly? No Yes Please list:

Emergency Contact:

Name	Relationship	Daytime Phone
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I hereby give permission for my child to take part in all aquatics workouts. I also give permission for my child to be treated by a local doctor, the athletic trainer, or area hospital in the case of a medical emergency.

X _____
Parent's Signature

Date

Relationship to Swimmer _____
mother, father, guardian

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

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