

Coral Springs Swim Club Registration Form

Fees Include:

A) USA-Swimming registration, insurance, and Splash magazine
\$55 per year

B) CSSC Annual Membership
\$50 or \$75 per year

\$50 Annual CSSC fee for groups:

Red, Yellow, Aqua, Gold, White, Blue, & Senior II

\$75 Annual CSSC fee for groups:

Senior I & National

I am in group: _____

I have attached a check for the amount of:
(Please make checks payable to CSSC)

\$105 (\$55+\$50 groups Red, Yellow, Aqua, Gold, White, Blue, Senior II)

\$130 (\$55+\$75 groups Senior I and National)

Trial period ends one week from: _____

Photo // Video // Audio Release:

I hereby confer on the City of Coral Springs and/or its affiliate, the Coral Springs Swim Club, the absolute, irrevocable right and permission to use my child's image, in print, digital (web), or broadcast (video) format for the purpose of public information, public awareness or historical documentation of City events and programs. I give my consent freely, with the understanding that no remuneration or compensation will be forthcoming.

Name of Child: _____

Parent's Name: _____

Parent's Signature: _____

Occupation: _____

Parent's Email: _____

Date: _____

At the end of the trial period, my check will be automatically deposited; unless I decide NOT to join CSSC. In that case I WILL CALL Suzanne Blaydes, the registration chairperson, at 954.757.0763 and inform CSSC of my decision NOT to join CSSC.



USA SWIMMING

2006 ATHLETE REGISTRATION APPLICATION

LSC: FLORIDA GOLD COAST SWIMMING, INC.

REGISTRATION DATE
OFFICE USE ONLY

PLEASE PRINT LEGIBLY - COMPLETE ALL INFORMATION:

LAST NAME _____ LEGAL FIRST NAME _____ MIDDLE NAME _____

PREFERRED NAME _____ DATE OF BIRTH _____ SEX _____ AGE _____ CLUB CODE _____ NAME OF CLUB YOU REPRESENT _____
MO. DAY YRL M-F

MAILING ADDRESS _____ IF UNATTACHED ENTER IN _____

CITY _____ STATE _____ ZIP CODE _____

AREA CODE _____ TELEPHONE NO. _____ U.S. CITIZEN? YES NO DUAL CITIZEN? YES NO

- DISABILITY:
- A. Legally Blind or Visually Impaired
 - B. Deaf or Hard of Hearing
 - C. Physical Disability such as amputation, cerebral palsy, deafness, spinal injury, mobility impairment
 - D. Cognitive Disability such as mental retardation, learning disorder, autism

- ETHNICITY (In accordance with U.S. Census Bureau guidelines, you may make up to two choices if appropriate.)
- O. African American
 - R. Asian or Pacific Islander
 - S. Caucasian
 - T. Hispanic
 - U. Native American
 - V. Other
 - W. Decline

MAKE CHECK PAYABLE TO:

MAIL APPLICATION & PAYMENT TO:

IF DUAL CITIZEN OR NON-CITIZEN ARE YOU A MEMBER OF ANOTHER FINA FEDERATION? YES NO

REGISTRATION FEE	
USA Swimming Fee	42.00
LSC Fee	13.00
TOTAL DUE	\$55.00

YEAR LAST REGISTERED _____ IF YOU REGISTERED WITH A DIFFERENT USA SWIMMING CLUB IN 2004, ENTER THAT

CLUB CODE _____ LSC CODE _____ AND THE DATE OF YOUR LAST COMPETITION REPRESENTING THAT CLUB _____

SIGN HERE & SIGNATURE OF ATHLETE, PARENT OR GUARDIAN _____

USA Swimming membership makes its membership fee available in its member's country. Please notify USA Swimming's Member Services Dept. at 718/888-6278 if you do not wish to receive these ratings.
ANNUAL MEMBERSHIP DUES OF \$41.00 OR MORE INCLUDE \$1 FOR A 1-YEAR SUBSCRIPTION TO SPLASH