



SWIM TEAM REGISTRATION 2011-2012

Please note: You must be a JCC Member to participate in the JCC Waves Swim Team.

PLEASE FILL OUT ONE APPLICATION PER FAMILY

Please mail or fax completed form along with payment to:
Merage Jewish Community Center of Orange County
One Federation Way, Suite 200, Irvine, CA 92603
Phone (949) 435-3400 • Fax (949) 435-3401 • www.jccoc.org.

Home Address _____
City _____ State/Zip _____
Home Phone _____ Fax: _____

Parent/Guardian 1 _____
Cell/Business Phone 1 _____
Parent E-mail 1* _____

*All WAVES information will be sent to e-mail #1 and should be viewed regularly.)

Parent/Guardian 2 _____
Cell/Business Phone 2 _____
Parent E-mail 2 _____

How did you hear about JCC Programs? _____

Are you currently a JCC Member family?

- Yes, Mem # _____.
- My Membership Agreement is attached.

- I have read and agreed to the terms of the registration process.
- I give the above named child(ren) permission to participate in the JCC Waves Swim Team practices and events.
- I also give permission to secure emergency medical attention in the event my child is injured or becomes ill and I or my assigned emergency contacts cannot be reached.
- I understand that the monthly group fees will be charged to my credit card automatically at the beginning of the month or withdrawn from my designated account through Electronic Funds Transfer (EFT form required.)

Parent/Guardian Signature _____
Date _____

PAYMENT INFORMATION:

____ Number of active swimmers x \$120 annual registration fee \$ _____
____ Number of new swimmers x \$150 annual registration fee \$ _____
____ Number of siblings x \$10 sibling discount - (\$ _____)
____ Number of swimmers x \$ 55 USA registration fee \$ _____*
Monthly group fee(s) from right column \$ _____

FEES are non-refundable.

- My check payable to JCCOC is attached.
- Please charge my credit card on file

Total Fees due at signing:
\$ _____

Authorized signature: _____

JCC OFFICE USE: Payment rec'd by _____ Date _____
Add to repetitive _____ Data entry by _____

Annual fees per swimmer (due at registration):

Waves Registration fee:

New Swimmers: \$150; Active Swimmers: \$120
Non-refundable registration fee is required for the 2011-2012 seasons. Fee includes team t-shirt and team swim cap.

Sibling discount: \$10 off per swim team member.

***2011 USA Swimming registration fee: \$55** (*required if swimmer wishes to participate in USA Swimming Competitions.)

Monthly Group Fees per swimmer:

Pre-competitive groups:

White Group \$60; Dolphins \$50

Non-competitive groups:

White Group \$60; Blue Group \$70; Bronze Group \$75
Senior Group \$90

Competitive groups:

White Group \$60; Red Group \$70; Gold Group \$80
Silver Group \$85, Senior Group I \$90, Senior Group II \$95

SWIMMER 1 (Please use child's legal name. Please print.)

First Name _____ M.I. _____

Last Name _____ Nickname _____

Gender (M / F) Date of Birth ____ / ____ / ____ Age _____

Returning Waves swimmer? ____ New to Waves? _____

Group Name _____ Group Fee \$ _____ USA reg fee*? Y / N

T-Shirt Size: __YS __YM __YL __S __M __L

SWIMMER 2 (Please use child's legal name. Please print.)

First Name _____ M.I. _____

Last Name _____ Nickname _____

Gender (M / F) Date of Birth ____ / ____ / ____ Age _____

Returning Waves swimmer? ____ New to Waves? _____

Group Name _____ Group Fee \$ _____ USA reg fee*? Y / N

T-Shirt Size: __YS __YM __YL __S __M __L

SWIMMER 3 (Please use child's legal name. Please print.)

First Name _____ M.I. _____

Last Name _____ Nickname _____

Gender (M / F) Date of Birth ____ / ____ / ____ Age _____

Returning Waves swimmer? ____ New to Waves? _____

Group Name _____ Group Fee \$ _____ USA reg fee*? Y / N

T-Shirt Size: __YS __YM __YL __S __M __L

QUESTIONS? Contact Chris or Gina Duncan
(949) 435-3400, chrisd@jccoc.org or ginad@jccoc.org