**Neshaminy CORE Swimming**

**High School**

## Registration & Fee Schedule

*Neshaminycore@gmail.com*

**2023-2024 Season**

**Full Time- September 26 until the first day of High School Swim Team Practice**

**Then Suburban Aquatic league meets until February (Last SAL Meet) 2024**

 Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthdate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ M/F\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_\_ Zip code: \_\_\_\_\_\_\_\_\_\_\_\_

Mother:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family Contact Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical Problems/Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Emergency Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family Physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Physician Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Videotaping**: During the course of practices and meets, there may be opportunities for the coaching staff to videotape the athletes for correction purposes and stroke instruction.

 \_\_\_\_\_\_\_\_ I do not consent

**Pictures**: During the course of the year we may post pictures of the athletes on our website or social media page.

 \_\_\_\_\_\_\_\_ I DO NOT consent

If you are new to the club, Please answer the following Questions:

If you swam for a different club last year, which club did you compete for?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Which family recommended us? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you recruit a swimmer to CORE, and he or she remains on the team for the

entire season, you will receive a $25 credit to be used by the end of the following

winter season. If you recruited any swimmers this season, please list the

name/names below, Please note, a new swimmer is someone who has never

swam on the Neshaminy CORE Swim Team.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Fees**- Includes practices Monday-Friday September 26 through the start of high school season . Then Saturday SAL Meets through the end of SAL season

Program Amount Due Discount(\*If paid in full by September 26 ) Amt. Paid

 Start Date- September 26 September 26

 High School $275.00 $225.00 $\_\_\_\_\_\_\_\_\_

Volunteer Fee (**Separate Check**) $200.00 $200.00 $\_\_\_\_\_\_\_\_\_\_

(One per family – Refundable upon completion

of SAL Volunteer Assignment)

# Total Amount Due $475.00 $425.00 $\_\_\_\_\_\_\_\_\_

**USA Swimming Registration (optional) \*\*Please contact Coach Dave is you are interested in USA Swimming Membership**

**reuterd@hotmail.com**

\*\*\* Make check payable to CORE Swimming

\*\*\* No refunds will be given after October 10. 50% of total amount due is refundable.

Partial Payment Plan

|  |  |
| --- | --- |
|  |  |
| 50% (First day your child practices (Non-refundable)+ Volunteer Check(\*Will not be cashed unless  Volunteer obligation not met!(~First week of February) | $137.50 (Check or Cash) +$200.00 (**Separate Check**) |
| 25% By November 2 | $68.75 (Check or Cash) |
| 25% By November 22 | $68.75(Check or Cash) |

This year’s Family cap is $1,200.00 (excluding volunteer fee, USA registration, SAL invitational fees)

If your family qualifies, Please complete the following chart (Once per family):

|  |  |
| --- | --- |
| Child’s Name | Dues paid towards cap |
| 1. | $ |
| 2. | $ |
| 3. | $ |
| 4. | $ |
|  | Total-$ |