

**Palo Alto Stanford Aquatics (PASA)  
SCRA Site Dues Policy and Contract 09-10 Season**

**Annual Team & USA Swimming Registration:** Each swimmer must pay a \$90.00\* annual registration fee. This fee cover a team t-shirt and swim cap, USA Swimming membership, insurance and general overhead. This fee should be included with your Fall payment. Those who join during other times of the year, should include it with the first session payment. This fee is NOT pro-rated.

**SCRA Non-Member Facility Use Fee:** Non-members of the Stanford Campus Recreation Association, are charged a \$20.00 per family per session fee to help defray the cost of using these club facilities.

**Coaching Fee:** This covers coaching salaries, pool rentals, and administrative costs. This fee is paid for each child, each session.

<u>GROUP NAME</u>	<u>SESSION COST</u>	<u>ANNUAL COST</u>	<u>Practice Location</u>
PRE-COMP	\$240.00		SCRA Pool

**Payments are due and payable by the first day of the session. It is the sole responsibility of each member family to make these payments. INVOICES SHALL ONLY BE SENT UPON REQUEST. Payments not received within 15 days will result in a 10% penalty and may result in your swimmer(s) being unable to participate in practice sessions.** If you need to make special payment arrangements, please send request in writing to Head Coach, Scott Shea, during the first week of the session.

**Changes in Membership Status:** All requests for changes in membership status shall be submitted in writing at least **thirty (30) days in advance**. These include, but are not limited to:

- a. Leave of Absence
- b. Termination of Membership

**Financial Aid:** We never want to see a swimmer unable to participate due to financial hardship. If you need to make special payment arrangements, please send request in writing to Head Coach, Scott Shea, during the first week of the session.

**Parent Volunteering and Participation:** Parents are expected to help time at USA Swimming meets and are required to work at any and all meets hosted by the PASA/SCRA site.

**Drop off and pick up policy:** Swimmers are expected to be dropped off no earlier than 15 minutes prior to the practice time; swimmers are expected to be picked up no later than 15 minutes after the practice ends, a \$1/min fee will be applied to the family if excess this time frame.

I understand and agree to the terms of membership of PASA.

Parent Name (PRINT): \_\_\_\_\_

Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Family Last Name: \_\_\_\_\_ Home Phone: (        ) \_\_\_\_\_

**PALO ALTO STANFORD AQUATICS (PASA)  
USA Swimming Team Registration Form**

Parent Name(s) \_\_\_\_\_  
Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_  
Mother's Email \_\_\_\_\_ Father's Email \_\_\_\_\_

Mother's Cell \_\_\_\_\_ Father's Cell \_\_\_\_\_

Emergency Contact Name (Non Parent) \_\_\_\_\_  
Phone \_\_\_\_\_

**Medical Information**

Physician Name \_\_\_\_\_ Phone \_\_\_\_\_

Please list any allergies, medications, or other physical conditions or limitations for each swimmer:

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

**Please include First, Middle and Last names for each child as well as their Date of Birth**

Child first name: \_\_\_\_\_ Last name: \_\_\_\_\_ MI: \_\_\_\_\_ DOB: \_\_\_\_\_ Grp: \_\_\_\_\_ Fee \_\_\_\_\_

Child first name: \_\_\_\_\_ Last name: \_\_\_\_\_ MI: \_\_\_\_\_ DOB: \_\_\_\_\_ Grp: \_\_\_\_\_ Fee \_\_\_\_\_

**Group Code: PMA=M/W A, PMB=MW B, PMC=MW C  
PTA = T/Th A, PTB = T/Th B, PTC = T/Th C**

For Amount Due, please refer to the group description information provided.

**ANNUAL TEAM REGISTRATION** (\$90.00 per child) \_\_\_\_\_

**NONMEMBER FACILITY USE FEE** (\$20.00 per session per family) \_\_\_\_\_

**TOTAL PAYMENT DUE** \_\_\_\_\_

(Add coach, registration and facility fees)

Please MAIL your completed registration information and swimmer/family contract along with your payment (**MAKE CHECKS PAYABLE TO SCRA**) to:

SCRA  
875 Bowdoin Street

