SYRACUSE CHARGERS MASTERS SWIM CLUB
REGISTRATION FORM 2008-2009

Last Name **First Name** **Initial**

Street Address

City **State** **Zip Code** **Home Phone**

E - Mail Address (please print clearly)

Date of Birth **Place of Employment (Optional)** **Work phone (Optional)**

Person to contact in an emergency and phone number:

Name **Phone Number**

Rates	Standard	(Over 65) / Student	Due Dates
Annual	**$390.00**	**$312.00**	**9/1**
Annual Couple	**$634.00**	**$508.00**	**9/1**
Semiannual	**$215.00**	**$172.00**	**9/1 & 3/1**
Quarterly	**$137.00**	**$110.00**	**9/1,12/1, 3/1, 6/1**
Monthly*	**$49.00**	**$39.00**	**First of each month**

* Charged and payable by the whole month only.

Make checks payable to "Syracuse Chargers Masters Swim Club" - *All dues are non-refundable*
_____ Check here if amount is prorated

See important information on our website at www.syrmastersswim.org regarding practice cancellations.

MAIL REGISTRATION FORM AND CHECK TO:

DENNIS CABREY
5900 NORTH BURDICK ST.
EAST SYRACUSE, N.Y. 13057

ALL MEMBERS MUST JOIN UNITED STATES MASTERS SWIMMING TO BE COVERED BY INSURANCE.
REGISTER AT WWW. NIAGARAMASTERS.ORG

I the undersigned agree to defend, indemnify and hold harmless Syracuse Chargers Masters Swim Club from all claims, judgments, actions or other liabilities for both property damage and bodily injury in any way whatsoever through participation in this program. The success of the Syracuse Chargers Masters Swim Club is contingent upon cooperative interactions between the Club, the pool's administrative personnel at SU. If, at anytime, and after sufficient warning, the Board of Directors determines that continued membership may be detrimental to the maintenance of these relationships that membership may be cancelled and a pro-rated amount of membership dues returned

Signature Date