

Sahuarita Aquatics Swim Club Fees

Groups	Description	Practice Days & Times	Pool Location	USA Dues	Session 1	Session 2	Session 3	Year
					9/01/2010 to 12/31/2010	1/01/2011 to 3/31/2011	4/01/2011 to 8/31/2011	9/01/2010 to 8/31/2011
SAQ Intro EMERALD	Program for swimmers new to USA Swimming	Mon - Thurs 4:00p-5:00p	Rancho Club	\$ 58.00	\$ 260.00	\$ 195.00	\$ 325.00	\$ 780.00
SAQ Intermediate and Advanced SAPPHIRE	Program for experienced USA swimmers	Mon - Thurs 4:00p-5:30p	Rancho Club	\$ 58.00	\$ 260.00	\$ 195.00	\$ 325.00	\$ 780.00
SAQ Advanced and High School DIAMOND	Program for experienced swimmers age 13+ and coach invite	Mon - Thurs 4:00p-5:30p Mon - Thurs 5:30a-6:30a	Rancho Club	\$ 58.00	\$ 260.00	\$ 195.00	\$ 325.00	\$ 780.00

NOTE -- Afternoon practices will be held at the Safari Sattelite Pool for the months of August and September!

	Session 1	Session 2	Session 3	Full Year
1st Swimmer full price	\$ 260.00	\$ 195.00	\$ 325.00	\$ 780.00
2nd Swimmer -10%	\$ 234.00	\$ 175.50	\$ 292.50	\$ 702.00
3rd Swimmer - 15%	\$ 221.00	\$ 165.75	\$ 276.25	\$ 663.00
4th Swimmer - 20%	\$ 208.00	\$ 156.00	\$ 260.00	\$ 624.00

Extra discounts available for those who qualify:

Extra 10% with advanced payment in full

Extra 5% for three time payment plan

Extra 10% for military & law enforcement families

Sahuarita Aquatics Swim Club

Athlete History Questionnaire

Swimmer # 1

Name: _____ Age: _____ DOB: _____ Sex: F or M (circle one)

Does swimmer have any allergies to medications? (Penicillin, aspirin, etc.) Y or N (circle one) if yes, please explain here : _____

Does swimmer have asthma? Y or N (circle one) If yes, please list medication _____.

Does swimmer have a history of any injuries that could affect swimming? Y or N (circle one) if yes, please explain here : _____

Does swimmer wear glasses or contact lenses? Y or N (circle one) _____

Does swimmer have any condition we should be aware of? Y or N (circle one) if yes, please explain here: _____

Swimmer # 2

Name: _____ Age: _____ DOB: _____ Sex: F or M (circle one)

Does swimmer have any allergies to medications? (Penicillin, aspirin, etc.) Y or N (circle one) if yes, please explain here : _____

Does swimmer have asthma? Y or N (circle one) If yes, please list medication _____.

Does swimmer have a history of any injuries that could affect swimming? Y or N (circle one) if yes, please explain here : _____

Does swimmer wear glasses or contact lenses? Y or N (circle one) _____

Does swimmer have any condition we should be aware of? Y or N (circle one) if yes, please explain here: _____

Swimmer # 3

Name: _____ Age: _____ DOB: _____ Sex: F or M (circle one)

Does swimmer have any allergies to medications? (Penicillin, aspirin, etc.) Y or N (circle one) if yes, please explain here : _____

Does swimmer have asthma? Y or N (circle one) If yes, please list medication _____.

Does swimmer have a history of any injuries that could affect swimming? Y or N (circle one) if yes, please explain here : _____

Does swimmer wear glasses or contact lenses? Y or N (circle one) _____

Does swimmer have any condition we should be aware of? Y or N (circle one) if yes, please explain here: _____

Swimmer # 4

Name: _____ Age: _____ DOB: _____ Sex: F or M (circle one)

Does swimmer have any allergies to medications? (Penicillin, aspirin, etc.) Y or N (circle one) if yes, please explain here : _____

Does swimmer have asthma? Y or N (circle one) If yes, please list medication _____.

Does swimmer have a history of any injuries that could affect swimming? Y or N (circle one) if yes, please explain here : _____

Does swimmer wear glasses or contact lenses? Y or N (circle one) _____

Does swimmer have any condition we should be aware of? Y or N (circle one) if yes, please explain here: _____

Sahuarita Aquatics Swim Club
Parent Information / Emergency Contact

Mother's Name: _____ **Father's Name:** _____
Cell Phone # _____ Cell Phone # _____
Home Phone # _____ Home Phone# _____

Primary Email Address: _____
(This is our primary form of communication with you, please print clearly and notify immediately with any changes!)

Primary Home Address: _____
City _____ State _____ Zip _____

Emergency Contact Information:

Contact Name: _____
Cell Phone # _____
Home Phone # _____
Relationship to swimmer(s) _____

Contact Name: _____
Cell Phone # _____
Home Phone # _____
Relationship to swimmer(s) _____

Primary Medical Insurance Company: _____