

METROAQUATIC CLUB OF MIAMI
 PO Box 770876
 Miami, Florida 33186
 (305) 971-8473

TRAINING GROUPS	COACHING FEES
Beginner, Swimmer I & II	\$85.00 per Month
Second Family Member	\$75.00 per Month (per swim group)
Third Family Member	\$70.00 per Month (per swimmer)
Starfish Group	\$90.00 per Month
Freshman Group	\$100.00 per Month
Senior Group	\$115.00 per Month
High School Developmental	\$80.00 per Month
Novice (3 days)	\$80.00 per Month
Seniors	\$50.00 per Month

All coaching fees are due and payable at the first of the month. Fees for new members who begin after the 15th of the month are prorated one half month.

CLUB REGISTRATION

An initial club registration fee of \$50 per family will be charged. The yearly registration fee thereafter is \$45 per family.

UNITED STATES SWIMMING (US) REGISTRATION	ENTRY FEE ACCOUNT
A \$55.00 yearly or \$33.00 summer session (May thru September) registration fee for United States Swimming is required of all swimmers participating in any training or competition held by a US MEMBER CLUB. Each swimmer is required to pay this fee once a year or for the summer.	The club will establish an escrow account in the name of each athlete for meet entries and team apparel. A monthly statement with all charges will be mailed. Payable upon receipt. A balance of \$20 will be kept current on a monthly statement.

USS Registration (yearly) _____	(Summer) _____																
Monthly Dues (Group) _____	Registration Date: <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																
Swimmer's Name _____	Birth date: <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																
Address: _____																	
Phone: _____	E-mail: _____																
Parent: _____	Occupation: _____																
Medical condition or special situation we should be aware of: _____																	