



Florida Keys Swim Club

Come join the FKSC Swim Team

USS Long Course Season: April - August

USS Short Course Season: August - April

Fees for Swim Team

3 Workouts or less a week: \$60 per month

5 Workouts a week: \$80 per month

4 Workouts a week: \$70 per month

6+ Workouts a week: \$90 per month

Payment is due the 1st of each month. Those living south of MM 91 should make monthly payments to Founders Park; and those living north of MM 91 should make monthly payments to Jacobs Aquatic Center.

USS Registration Fee is an additional fee of \$70 per swimmer. This is an annual fee due with the first month swim fee and will need to be renewed every December/January. Every swimmer **must** register with the USS. Please complete the attached application and attach a check for \$70 made out to FKSC.

The coach evaluates each swimmer to determine the appropriate workout session. Please be prepared to begin your workout at the scheduled time (cap, goggles, fins, etc ready to enter the water).

FOUNDER'S PARK

5:30-7:00 AM*

9:00-11:00 AM*

4:00-5:00 PM

Wednesday, Friday

5:00-7:00PM

Wednesday, Friday

**AM weekday practices and Saturday practice are by invitation from the coach. Due to meet schedule, practices may be cancelled.*

JACOBS AQUATIC CENTER

Tuesday, Thursday*

Saturday*

Monday, Tuesday, Thursday

Monday, Tuesday, Thursday

All swimmers should bring to practice:

Goggles

Water Bottle

Swim Cap

Fins (can be purchased at JAC concession stand for \$18.50)

Appropriate swimsuit, no loose suits except drag suits

Positive Attitude and willingness to learn

Team Colors: Royal Blue and Black.

AVAILABLE FOR PURCHASE: Team Swim Cap \$ 5.00 Team T-Shirt \$12.00

Communication is the key to the success of all programs. FKSC has a blog with current information regarding swim team. Please add the blog to your favorites and visit the site often.

<http://www.keysswimming.blogspot.com>

Please complete the attached informational form and USS Registration Form. Submit completed forms to the concessions at pool or to Kelli Cuppett, Team Administrator.

Name of Swimmer: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Sex: M F Email: _____

Mother's Name: _____ Father's Name: _____

Home Phone: _____ Home Phone: _____

Work Phone: _____ Work Phone: _____

Mother's Cell: _____ Father's Cell: _____

Emergency Contact: _____ Phone: _____

Are you USS Registered? Yes No

If yes, provide # and last meet you attended: _____

Payment Methods: Check# _____ Cash Total Amount Collected \$ _____
3 Workouts or less: \$60 per month 4 Workouts: \$70 per month 5 Workouts: \$80 per month 6+ Workouts: \$90
USS Registration: \$70 (check payable to FKSC)

By signing this application you agree to hold harmless Jacobs Aquatic Center or Founders Park liable for any injuries that might take place at practice.

Parent/Guardian Signature: _____

Swimmer Signature: _____



USA SWIMMING

2010 ATHLETE REGISTRATION APPLICATION
LSC: FLORIDA GOLD COAST SWIMMING, INC.

REG. DATE / OFFICE USE ONLY

_____|_____|_____|_____|_____|_____|

PLEASE PRINT LEGIBLY • COMPLETE ALL INFORMATION:

LAST NAME LEGAL FIRST NAME MIDDLE NAME

PREFERRED NAME DATE OF BIRTH (MO./DAY/YR.) SEX (M/F) AGE CLUB CODE NAME OF CLUB YOU REPRESENT

FATHER'S LAST NAME FATHER'S FIRST NAME MOTHER'S LAST NAME MOTHER'S FIRST NAME

MAILING ADDRESS

CITY STATE ZIP CODE

AREA CODE TELEPHONE NO.

U.S. CITIZEN? YES NO

ARE YOU A MEMBER OF ANOTHER FINA FEDERATION? YES NO

IF YES, WHICH FEDERATION: _____

- DISABILITY:
A. Legally Blind or Visually Impaired
B. Deaf or Hard of Hearing
C. Physical Disability such as amputation, cerebral palsy, dwarfism, spinal injury, mobility impairment
D. Cognitive Disability such as mental retardation, severe learning disorder, autism

- ETHNICITY (In accordance with U.S. Census Bureau guidelines, you may make up to two choices if appropriate):
Q. African American
R. Asian or Pacific Islander
S. Caucasian
T. Hispanic
U. Native American
V. Other

MAKE CHECK PAYABLE TO:

FLORIDA KEYS SWIM CLUB or FKSC

MAIL APPLICATION & PAYMENT TO:

Florida Keys Swim Club or FKSC
P. O. Box 1994
Key Largo, FL 33037

REGISTRATION FEE table with columns for fee type and amount: Administrative Fee \$15.00, USA Swimming Fee \$43.00, LSC Fee \$12.00, TOTAL DUE \$70.00

YEAR LAST REGISTERED _____ IF YOU REGISTERED WITH A DIFFERENT USA SWIMMING CLUB IN 2006, ENTER THAT CLUB CODE _____ LSC CODE _____ AND THE DATE OF YOUR LAST COMPETITION REPRESENTING THAT CLUB ____/____/____.

USA Swimming occasionally makes its membership list available to its marketing partners. Please notify USA Swimming's Member Services Dept. at 719/866-4578 if you do not wish to receive these mailings.

SIGN HERE x _____ SIGNATURE OF ATHLETE, PARENT OR GUARDIAN

CHECK IF YOU WOULD BE INTERESTED IN MAKING A DONATION TO THE USA SWIMMING FOUNDATION ANNUAL FUND