



P.O. Box 83 Glenside, PA 19038  
phone # 215-914-1100 Team # 3830  
e-mail: info@swim4cac.org  
[www.swim4cac.org](http://www.swim4cac.org)

Celebrating our 40<sup>th</sup> year!

Member: United States Swimming

---

## CHELTENHAM AQUATIC CLUB SUMMER SESSION 2010

Child's name (**first-middle-last**) (circle Male /Female) Date of Birth

1. \_\_\_\_\_ M / F DOB \_\_\_\_\_

2. \_\_\_\_\_ M / F DOB \_\_\_\_\_

Parent/Guardian Name(s) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

E-mail Address \_\_\_\_\_

Name of school that your child attends \_\_\_\_\_

**REFUND POLICY:** The fee for becoming a member of the Cheltenham Aquatic Club is for the season regardless of any scheduled or unscheduled pool closings due to unforeseen circumstances. No refunds will be made after the second week that the pool opens for the season. Requests for refunds made during the first two weeks must be submitted in writing to CAC and 90% of the fee, minus any sums of money paid out by the team on the individual's behalf (e.g. t-shirts, membership in USA Swimming) will be returned. Refund requests will not be accepted after the second week of the swim season except for medical reasons. A request for a medical reason must be submitted in writing to CAC along with a note from the physician. Upon approval by the Board, a prorated refund, less the fees noted above, will be returned.

I hereby authorize the staff of the Cheltenham Aquatic Club to act for me according to their best judgment in any emergency requiring medical attention. I hereby waive and release the Cheltenham Aquatic Club from any and all liability for any injuries or illnesses incurred while with the Cheltenham Aquatic Club. I have no knowledge of any physical impairment that would be affected by my child's participation in the Cheltenham Aquatic Club's swim program. In addition, I have read and fully understand the refund policy as described above.

Date \_\_\_\_\_

Parent or Guardian Signature \_\_\_\_\_

## 2010 CAC Summer Session Fees

### Bronze & Silver Groups – Monday, Tuesday and Thursday

Option 1 - June 7<sup>th</sup> - June 24<sup>th</sup> \$75.00 for three (3) week session 3x a week

Option 2 – June 7<sup>th</sup> – July 29<sup>th</sup> \$160.00 for eight (8) week session 3x a week

### Gold & Elite Groups

Option 1 – June 7<sup>th</sup> - June 24<sup>th</sup> \$105.00 for three (3) week session 4x a week

Option 2 – June 7<sup>th</sup> - July 29<sup>th</sup> \$185.00 for eight (8) week session 4x a week through June 24<sup>th</sup>; 3x a week for remainder of session – No Meets

Option 3 – June 7<sup>th</sup> – July 29<sup>th</sup> \$250.00 for eight (8) week session 4x a week through June 24<sup>th</sup>; 3x a week for remainder of session with two meets June 5<sup>th</sup> & 6<sup>th</sup> GCIT and July 9<sup>th</sup> – 11<sup>th</sup> Ephrata

**\*\* Weekly sessions are available \$40 per week beginning week 4 – attendance at meets extra fee**

**\*\*Swimmers Not Previously Registered For 2009/10 Must Pay USS Registration Fee \$57.00 (fee covers USA swimming insurance and subscription to Splash magazine)**

**If you are registering per week, please circle the weeks you will be swimming:**

Week 4 6/28, 6/29, 7/1

Week 7 7/19, 7/20, 7/22

Week 5 7/5,, 7/6, 7/8

Week 8 7/26, 7/27, 7/29

Week 6 7/12, 7/13, 7/15

\_\_\_\_\_ weeks X \$40.00 / week = \$ \_\_\_\_\_

*Please make check payable to: Cheltenham Aquatic Club or "CAC" \$ \_\_\_\_\_*

\*\*\*\*\*Please describe your child's previous swim experience, if any (USA Swimming, Suburban Aquatic League, summer swim team, swim lessons, etc.):

---

---

### ***How did you hear about us?***

\_\_\_ Mailing \_\_\_ Cable television advertisement \_\_\_ Previous swimmer with CAC

\_\_\_ Newspaper advertisement \_\_\_ Flier distributed in school \_\_\_ Other \_\_\_\_\_

FOR CLUB USE ONLY: NAME \_\_\_\_\_ CHECK NO. \_\_\_\_\_ AMOUNT \_\_\_\_\_