

Viking Swim Club Scholarship Application

Swimmer's Name:

Age:

Date of Birth:

Grade:

Parents(s)/Legal Guardian:

Mailing Address:

Home Phone:

Cell Phone:

Work Phone:

Other Cell Phone:

Email Address:

Emergency Contact (other than listed above):

Relationship
(Emergency Contact):

Phone Number
(Emergency Contact):

Previously Registered in USA Swimming:

Yes _____

No _____

Semester financial assistance requested:

Full Scholarship: _____ Partial Scholarship (please select 1): % of Dues: _____ OR \$ _____
(\$ amount requested)

Semester Dues:

Group A: \$70 x 4 months = \$280 **Group B:** \$80 x 4 months = \$320 **Group C:** \$100 x 4 months = \$400

Acknowledgement:

I, as the parent or guardian of the above named swimmer, acknowledge that weekly practice attendance is required. The practice attendance requirement will be decided by swimmer's coach.

I also acknowledge that Viking Swim Club ("VSC") does not provide additional Medical Insurance covering injuries in any nature incurred in VSC program.

I also acknowledge that registration fees with USA Swimming and any Time Trial or other Event Fees are not included in this scholarship and must be paid in order to maintain the scholarship.

I also hereby release the VSC, its successor, assigns, officers, agents, and employees, and the Petersburg Borough from any and all claims, demands, and causes of any action whatsoever in any way growing out of our resulting from the participation of the above name swimmer in the VSC program.

Signature:

Date: