



ShortCourse Participation and Payment Agreement

Swimmer Name: _____ Group: _____
 Swimmer Name: _____ Group: _____
 Swimmer Name: _____ Group: _____
 Swimmer Name: _____ Group: _____

- Yes, Participating in Full Short Course Season and payment information is below.
- Yes, Season 1 Only __Sept-Dec OR __Pre-Summer (April – June) payment information is below
- Yes, Season 2 Only __ Jan- March OR __June/July Season (June – August) payment information below.
- Opt Out – Our swimmer(s) withdraw from swim team for the summer long course season. Our final

entry fees will be paid. No payment of registration fees are due at this time.

Long Course Swim Team Registration Fee Schedule

- | | | |
|----------------------------------------------|---------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Senior \$445.00 | <input type="checkbox"/> Bronze \$390.00 | <input type="checkbox"/> Red, Black \$330.00 |
| <input type="checkbox"/> Gold \$445.00 | <input type="checkbox"/> Silver \$420.00 | <input type="checkbox"/> Season 1 or 2 \$185.00 |
| <input type="checkbox"/> Gold Swing \$420.00 | <input type="checkbox"/> Senior HS \$325.00 | |

Method Of Payment:

- Check Enclosed Payable to Riviera Club in the full amount of \$ _____
- Credit Card on file with Riviera Club
- Riviera Club House Account (onetime payment for total registration fee)
- Monthly Electronic Draft Arrangements-with Credit Card / House Account on File

I authorize the Riviera Club to draft on the 15th day of each month, the monthly amount for swim team registration fees electronically from the above account and payable to the Riviera Club or their agent. This authorization will remain in effect until written cancellation is received and the balance due for swim team registration is payable in full at that time.

Total Amount of Registration Fees \$ _____ / 5 equal monthly draft amount of \$ _____ Initials
 _____ Oct _____ Nov _____ Dec _____ Jan _____ Feb

I also agree that if any event occurs that prevents these transfers to occur the full amount of the outstanding balance may be immediately due. I also agree to pay any costs incurred by the Riviera Club or its agents in the collection of this balance.

Signature _____ Date _____
 Printed Name _____ Phone _____
 Email _____