

TRINITY FELLOWSHIP CHURCH

Education Ministry since 1994

Genesis Academy Christian School, Pre-K thru 12th Grade

Sports Ministry since 1997

Team Genesis &
LOVE Swimming

Sports Ministry Registration & Payment Fees Worksheet (One swimmer per form)

“Competitive Level Memberships Only”

“You are **NOT** required to be a member of any of our Training Sites- Some Sites charge Daily Use Fee
New Team Genesis/LOVE Swimming Member - Returning Team Genesis/LOVE Swimming Member (Circle one)
 Fall/Winter Swim Season Fees OR Spring/Summer Swim Season Fees (Fee Schedule online) Total

Seasonal Program Fees (are non-refundable except – medical/relocate)	S - L	
1. Training Group Fee		
2.		
3.		
4.		
Sub-Total Program Session Fees		
Discount (s): _____ = _____ (Program Fees Only)		
Sub-Total Program Session Fees		()
Total Program Fees Due (include discounts if applicable)		

Annual Registration Fees (are non-refundable and not eligible for discounts)

Total

*Initial Registration/Membership Fee (new members only) \$25/\$85	
1 st Year Returning Member (per swimmer) \$85.00	
2 nd Year+ Returning Member (per swimmer) \$125.00	
USA Masters Swimmer \$45 plus Annual Registration Fee (per swimmer) \$ _____	
USA Masters Swimmer pay \$45 plus applicable Annual Registration Fees	
Total Registration Fees Due	
Total Amount Due (Registration & Program Fees): \$ _____	

Family Information

Swimmer	Employer/School	Home#
Swimmer/Parent/Guardian Name	Employer/Other	Work#
Address		Cell#'s
City, State & Zip		Emerg#
Email:	Emergency Contact:	Pager#

Parent/Guardian/Swimmer Payment Agreement

I agree to pay Trinity Fellowship by Check, Cash, Credit/Debit Card All Fees due. Also, I agree to pay for all other Program, Camps, Clinics, Meet Fees, Travel Exp., Deposits, Apparel, Equipment, & Supply Fees as they occur.

ALL Monthly payments require completion of our Payment Information Form.

You will receive a 5% coupon for Payment Option#1 and a 2% coupon for Payment Option #2

For Monthly payment amount take total due and divide by 6 for SCS or 4 for LCS + 4.50 per payment

Option#1 ___: One Payment of \$ _____ (Includes Program and Registration Fees)

Option#2 ___: Registration Payment \$ _____, 50% Program Fees Upfront\$ _____, 2 Monthly Payment \$ _____

Option#3 ___: Registration Payment \$ _____, Monthly Payment \$ _____

Signature (Parent/Guardian/Swimmer): _____

Received by: _____ Date _____

*New swimmers qualify for the \$25 1st year rate if they are on (1) Medicaid, (2) School Lunch Program or (3) Income is at or below Poverty Level (proof has to be submitted with Registration form, otherwise new swimmers are required to pay \$85 for 1st year. This applies to all youth and adult 1st year swimmers.

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573-366-0410 Cell * Email: chico@i1.net * Web Address: www.loveswimming.org

“Love one another. As I have loved you, so you must love one another”. John 13:34

TRINITY FELLOWSHIP CHURCH

Payment Information Form

Required for ALL Competitive Level Membership Payment Options

Payment options are for Program Fees and Registration Fees - Please select payment option number below. ALL Monthly payments (ACH Check, Debit/Credit card) are due on the 1st day of each month and will be deducted from your account on the 1st day of each month. For payment option #2 or #3 you can make up to 7 monthly payments for Short Course Season (SCS) which is September 1st through March 1st and 5 monthly payments for the Long Course Season (LCS) which is April 1st through August 1st. *For total monthly payment due take total payment and divide by 7 for short course season or 5 for long course season and add \$4.50 per monthly payment to get total monthly payment amount.* **A \$4.50 Processing Fee for processing monthly payments and will be added to each monthly payment. A \$50 late fee will be charged if Registration fee is not paid 1 week prior to start of Annual Swim Season & Program Fee is not paid 1 week prior to start of Short Course or Long Course Season. Registration Fees cannot be discounted only program training fees.**

Payment Option #1 (5% discount): \$Amount: _____ (Registration & Program Fees)

Payment Option #2 (2% discount):

Registration \$: _____ Down Payment\$: _____ Monthly Payment\$ _____

Payment Option #3 (no discounts):

Registration \$: _____ and Monthly Payment \$: _____

Payment Type:

(ACH) Check _____ Bank Routing # _____ Checking Account # _____

Debit/Credit Card _____ MasterCard _____ Visa _____ Discover _____ America Express _____

Debit/Credit Card Number: _____

Name on Account: _____

Expiration Date: _____ Security ID (3 Digit #): _____

Organization (if applicable): _____

Signature: _____

Notes: _____

Athlete Name(s): _____

As a participant or as a parent/ legal guardian in the Trinity Fellowship Sports Ministry Program represented by the registration and payment form, I agree to hold Trinity Fellowship, Team Genesis Swim Club, LOVE Swimming and its officers and agents free and harmless from any claim or expense that may arise due to my participation in this program.

Signature: _____ Date: _____

You can mail ALL registration and payment information to: Trinity Fellowship, P.O. Box 345, Bonne Terre, Missouri 63628 or you can make debit credit card payments on-line at shop.loveswimming.org. You can Fax Program Sign-up and ALL Payment Information to 573-358-7727 or email Sign-up and ALL Payment information to programs@loveswimmng.org.