

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 Sign-up & Membership Fees (are non-refundable and not eligible for discounts) Total

*Initial Registration/Membership Fee (1 st year members only) \$85	
1 st Year Returning Member (per swimmer) \$85.00	
2 nd Year+ Returning Member (per swimmer) \$125.00	
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 except those due for payment options 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 _____

*Ozark Outreach will reimburse swimmers who qualify for the outreach 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 swimmers are required to pay \$85 for 1st & 2nd year, then \$125 yearly due on August 1st of each year. This applies to all youth and adult swimmers.

8144 Terre Bleue Dr. * P.O. Box 345 * Bonne Terre, MO. 63628 * 573-358-7727 Office/Fax *
 573-366-0410 Cell * Email: programs@loveswimming.org * Web Address: www.loveswimming.org

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