

swim 2012 columbia neighborhood swim league (cnsl)

registration form

Additional information, schedules, rules and regulations can be found online at ColumbiaPools.org or CNSLswimming.org.

Registration Information Please print.	Swimmer #1	Swimmer #2	Swimmer #3			
Swimmers' Last Name <i>Print last name in box at right.</i>						
Swimmers' First Name <i>Print first name in box at right.</i>						
Swimmers' Date of Birth MM/DD/YYYY.....						
Swimmers' Age as of 6/1/2011 <i>Print age in box at right.</i>						
Swimmers' Gender M/F <i>Print gender in box at right.</i>						
Disability A. Legally blind/visually impaired C. Physical disability List A, B, C or D B. Deaf or hard of hearing D. Cognitive disability						
Membership Status Check appropriate box below, then enter each swimmers' membership ID # at right. Required. Example: 12345.1 <input type="checkbox"/> Members (PPP, PP or Outdoor Pools) <input type="checkbox"/> Columbia Cardholder <input type="checkbox"/> Non-Member Proof of residency required.	CA Membership ID # Write membership number in this box.	CA Membership ID # Write membership number in this box.	CA Membership ID # Write membership number in this box.			
N • New to Team R • Returning to Same Team.....						
Howard County Elementary School District...						
Columbia Neighborhood <i>Print neighborhood in box at right.</i>						
CNSL Team <i>Print CNSL team in box at right.</i>						
Number of prior years in CNSL						
Parents/Guardian First and last name. Please print.						
Mailing Street Address <i>Print street address in box at right.</i>						
City, State, Zip <i>Print city, state, zip in box at right.</i>						
Parent/Guardian Email Address <i>Email address at right.</i>						
Phone Numbers <i>Print phone numbers in box at right.</i>	Home	Work	Cell			
Parent/Guardian Signature Signature indicates my permission for our family to participate. We will abide by CNSL policies available for review @ CNSLswimming.org.						
CNSL Fees Calculate cost for each swimmer at right. Fee varies based on membership, discount, status and date payment is received.	Members PPP, PP or Outdoor Pools		Columbia Cardholder		Non-Member	
	Postmarked May 1-31 \$110 Per Swimmer	Postmarked After May 31 \$125 Per Swimmer	Postmarked May 1-31 \$195 Per Swimmer	Postmarked After May 31 \$210 Per Swimmer	Postmarked May 1-31 \$400 Per Swimmer	Postmarked After May 31 \$415 Per Swimmer
CNSL Fee Discounts <i>Check box to indicate any discounts.</i> <input type="checkbox"/> CA Income Qualified 50% (See page 7 and 10 for more info) <input type="checkbox"/> CNSL Team Manager \$25 Per Family <input type="checkbox"/> CA Staff \$25 Per Swimmer Facility Name _____ <input type="checkbox"/> Clippers Swimmer 50% Group _____	Total Fees For all swimmers registering on this form. _____					
Check box to indicate payment type. <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard Payment by cash or credit card must be completed at the Aquatics Office • Mon-Fri, 9am-5pm or Sat, 10am-2pm. Payment by check: complete form and send with check payable to "Columbia Association." Drop off at Aquatics Office or mail to: Columbia Association Aquatics Office • 9450 Gerwig Lane • Columbia, MD • 21046						

Office Use Only Date Received in Aquatics Office _____ Entered Into System _____ Receipt Number _____