



MJCC Stingrays

Mittleman Jewish Community Center
at the Schnitzer Family Campus
6651 SW Capitol Highway, Portland, OR 97219
P: 503.244.0111 | F: 503.245.4233 | oregonjcc.org

Stingrays Swim Team Registration Information

In order to complete your registration, we need this form, the MJCC Program Registration Form and the USA Swimming Athlete Registration form. (If your swimmer has been a member of another USA Swimming club, we will also need a transfer form.) The first month you will be charged the monthly fee as well as the (yearly) \$72 USA Swimming membership fee. Subsequent months you will be charged the monthly fee, plus swim meet fees for any meets for which your swimmer registers.

Swimmer name (first, middle initial, last) _____

Nickname _____ Date of birth _____

Address _____

Parent 1 name _____

Email _____

Parent 2 name _____

Email _____

Does your child have any medical concerns or other needs that the coaching staff should be aware of? (Continue on back if necessary.)

I have read and understand the Stingrays Parent Handbook and Anti-Bullying and Minor Athlete Abuse Prevention Policies (available on the MJCC website and on the pool deck), and reviewed them with my swimmer. I understand that agreeing to comply with these policies is a condition of my/my swimmer's membership with the MJCC Stingrays. I understand that any non-athlete member or an adult athlete (18 or over) must complete the Athlete Protection Training available at www.usaswimming.org/apt every 12 months, or lose eligibility to participate in USA Swimming/Stingrays activities; further, I understand that the Stingrays encourage ALL parents and athletes to complete the free trainings also available through that link or at athletesafety.org. I know I can report any SafeSport concern at any time to a coach and/or at safesport.org/report-a-concern.

Parent name

Athlete name

Parent signature

Athlete signature

Date

Date



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Swim Team Registration Payment Authorization

Responsible Party Name _____ Date: _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email _____

Emergency Contact _____ Emergency Phone _____

If participant is a minor:

Parent Name 1 _____ Parent Name 2 _____

Participant Name (First and Last)	Age	Member Y/N	Bronze: Cost: \$95. Member Cost: \$80 Silver: Cost: \$110. Member Cost: \$90 Gold: Cost: \$120. Member Cost: \$100	Monthly Fee
USA swimming membership mandatory fee \$72 per child (one-time yearly charge)				
TOTAL				

Monthly Authorizations

AUTOMATIC CREDIT CARD CHARGE

I authorize Mittleman Jewish Community Center (MJCC) to charge my credit card account to pay the above amount on approximately the 1st of each month, commencing ____/01/20__.

Additionally, I authorize the MJCC to charge my credit card/bank account for swim meet fees plus a \$10 coaching fee for each meet in which s/he is entered.

This authorization is to remain in effect until I provide written notification. I understand that I have the right to cancel this authorization by giving written notice to MJCC ten business days prior to the 1st of the month in which I want this authority rescinded.

☐ Mastercard ☐ VISA ☐ American Express

Credit Card #: _____

Exp. Date: _____ CVC #: _____

Signature: _____

Date: _____

AUTOMATIC FUNDS TRANSFER

I authorize Mittleman Jewish Community Center (MJCC) to transfer funds from my checking account to pay the above amount on my MJCC account on approximately the 1st of each month, commencing ____/01/20__. (Please attach check if new authorization.)

Additionally, I authorize the MJCC to charge my credit card/bank account for swim meet fees plus a \$10 coaching fee for each meet in which s/he is entered.

I authorize the financial institution identified below, to accept these charges to my account. This authorization is to remain in effect until the MJCC has received written notification. I understand that I have the right to cancel this authorization by giving written notice to MJCC ten business days prior to the 1st of the month in which I want this authority rescinded.

Bank/Financial Institution: _____

ABA#: _____

Account #: _____

Account Name: _____

Signature: _____ Date: _____



USA SWIMMING

**2020 ATHLETE REGISTRATION APPLICATION
LSC: OREGON SWIMMING**

PLEASE PRINT LEGIBLY • COMPLETE ALL INFORMATION:

LAST NAME	LEGAL FIRST NAME	MIDDLE NAME
PREFERRED NAME	DATE OF BIRTH (MO/DAY/YR)	SEX (M/F)
	AGE	CLUB CODE
NAME OF CLUB YOU REPRESENT		

(Bill, Beth, Scooter, Liz, Bobby) If not affiliated with a club, enter "Unattached"

NOTE: If you are 18 years of age or older, you are required to abide by to the Minor Athlete Abuse Prevention Policy. In addition, in order to be a member in good standing you must complete the Athlete Protection Training. The training can be accessed at www.usaswimming.org/apt

GUARDIAN #1 LAST NAME	GUARDIAN #1 FIRST NAME	GUARDIAN #2 LAST NAME	GUARDIAN #2 FIRST NAME
MAILING ADDRESS			
CITY	STATE	ZIP CODE	
AREA CODE	TELEPHONE NO.	FAMILY/HOUSEHOLD EMAIL ADDRESS	MEMBER'S EMAIL ADDRESS

U.S. CITIZEN: ☐ YES ☐ NO

ARE YOU A MEMBER OF ANOTHER FINA
FEDERATION? ☐ YES ☐ NO

IF YES, WHICH FEDERATION:

HAVE YOU REPRESENTED THAT
FEDERATION AT INTERNATIONAL
COMPETITION? ☐ YES ☐ NO

OPTIONAL	
DISABILITY: <input type="checkbox"/> A. Legally Blind or Visually Impaired <input type="checkbox"/> B. Deaf or Hard of Hearing <input type="checkbox"/> C. Physical Disability such as <i>amputation, cerebral palsy, dwarfism, spinal injury, mobility impairment</i> <input type="checkbox"/> D. Cognitive Disability such as <i>severe learning disorder, autism</i>	RACE AND ETHNICITY (You may check up to two choices): <input type="checkbox"/> Q. Black or African American <input type="checkbox"/> R. Asian <input type="checkbox"/> S. White <input type="checkbox"/> T. Hispanic or Latino <input type="checkbox"/> U. American Indian & Alaska Native <input type="checkbox"/> V. Some Other Race <input type="checkbox"/> W. Native Hawaiian & Other Pacific Islander

2020 REGISTRATION FEE	
Sept. 1, 2019 through Dec. 31, 2020	
USA Swimming Fee	\$62.00
LSC Fee	\$10.00
TOTAL DUE	\$ 72.00

HIGH SCHOOL STUDENTS – Year of high school graduation: _____

YEAR LAST REGISTERED: _____. IF YOU REGISTERED WITH A DIFFERENT USA SWIMMING CLUB IN 2019, ENTER THAT
CLUB CODE: _____ LSC CODE: _____ AND THE DATE OF YOUR LAST COMPETITION REPRESENTING THAT CLUB: _____

- ☐ Check if you would like to learn more about the USA Swimming Foundation's initiatives
- ☐ Check if you would like to receive the electronic USA Swimming Newsletter (must be 13 years of age or older)

SIGN
HERE x _____
SIGNATURE OF ATHLETE, PARENT OR GUARDIAN
DATE

REG. DATE/LSC USE ONLY _____