

SANTA BARBARA CHANNEL SWIMMING ASSOCIATION (SBCSA)

Membership Form

First name: Last:

Address: Zip code:

City: State:..... Country:

Date/place birth: Age:..... Gender:

e-mail: Telephone:

Closest person in case of emergency

Name..... Telephone

Swimming history:

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Medical conditions:

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Mail to :

Scott Zornig - SBCSA
1 Rockrose Court
Coto de Caza, CA 92679
USA

Fee:

___ \$100 per year
___ \$250 for lifetime membership
Checks payable to SBCSA

Cancelation Policy

- a) *If a swimmer cancels at least 7 days prior to scheduled swim date, the swimmer will be reimbursed 50% of registration fee. This does not apply to membership fees. Should swimmer reschedule swim at least 7 days prior to swim date, no additional fees will be required provided that swimmer reschedules swim during the same season.*
- b) *If swimmer cancels less than 7 days prior to swim date for any reason, all fees are forfeited. Please note that the swimmer may reschedule the swim during the same season for an additional \$200.*
- c) *If swimmer is on boat, but captain or observer decide conditions are not safe, swimmer may reschedule swim during the same season for an additional \$200 provided the swimmer has not entered the water.*
- d) *Once swimmer enters the water and begins swim, all fees are forfeited. If a swimmer must exit the water for any reason, all fee are forfeited.*
- e) *Note: The above do not apply to vessel or pilot fees, which are separately negotiated between swimmer and captain.*

Swimmer Signature: _____ **Date:** _____