NEW YORK SWIMS AT
ALL ☆ STAR FITNESS CENTER

75 West End Avenue, New York, NY 10023
Telephone: (212) 265-8200 Fax: (212) 974-1713
E-mail: AllStarFitCtr@aol.com

Swim Team Application
New York Swims

Swim Season		
Child's Information		
Last Name:	First Name:	
Date of Birth:		
School:		
Previous Competitive Experience: ____ yes ____ no		
Other Swim Team Enrolled:		
USS Swimming Registration #:		
Parents' Information		
Last Name:	First Name:	
Home Phone #:	Emergency Phone #:	
Home Address:		Apt #:
City:	State:	Zip:
E-Mail Address:		
Practice Schedule		
MONDAY – FRIDAY 4:30PM – 6:30 PM SATURDAY – 12:30AM – 2:30PM		
Fees		
Individual Rates:	$100 per month x ____ months	EFT ___ PIF ___
Sibling Rates:	$ 79 per month x ____ months	EFT ___ PIF ___
PAID IN FULL FOR ENTIRE SWIM SEASON SEPTEMBER - JUNE: 15% DISCOUNT		
If more than one applicant, individual rates apply to first enrollee and sibling rates apply to any additional children.		

Payment Info	
Payment Method (Check One): ☐ Cash ☐ Credit Card ☐ Check #: _____	
Credit Card: ☐ MasterCard ☐ VISA ☐ American Express	
Credit Card#:	Exp: ____ / ____
Total Amount $_____	
I authorize All Star Fitness Center the right to debit this account in equal payments of $ _____ per month five days prior to each monthly billing cycle beginning _____ (month/year) and ending _____ (month/year).	
Name as it appears on the card:	
Card Holder's Signature:	
**** Please use one application form per child ****	
Please return to: **New York Swims** **℅ All Star Fitness Center** **75 West End Ave** **New York, NY 10023** **Fax: 212 974 1713**	