

SEVERNA PARK COMMUNITY CENTER

Gather. Play. Grow. Thrive.

August 1, 2025

Dear Masters Swimmers,

Welcome to the 2025-2026 swim season, and the 51st year anniversary for the team!!!! With a talented coaching staff and being 50 years strong, Maryland Masters at SPCC is again looking forward to a successful and fun year. Whether targeting general fitness or stroke mechanics, we hope you will make SPCC your swimming home this upcoming season! For those who enjoy competition, there are several options to include the winter meet season, Y Nationals, the Maryland LMSC Carol Chidester Memorial Swim Meet Series, and the Chesapeake Bay Swim. At Y Nationals this year the team placed 1st overall, the women placed 1st, and the men placed 2nd.

The 2025-2026 SPCC Masters' program fees for those who sign up for the year includes use of the Fitness Center (*a \$26/month value*).

Program discounts are available as noted below.

<u>SPCC Annual Registration Fee</u> (includes Park Perk Loyalty Patron Program benefits)		\$30
<u>Program Fee</u>	<u>Fee</u>	<u>Monthly Fee</u>
Annual	\$1035 (\$983 if pay in full)*	\$86.25
Annual (18-25 years of age)	\$741 (\$704 if pay in full)*	\$61.75
3 Month	\$303	
3 Month (18-25 years of age)	\$229	

**Pay in full discounts are ONLY available through March 1, 2026.*

For the annual program fee option, you may either pay in full or pay by the month. If you select the annual program fee monthly payment plan, you will be required to complete the Auto Bill form. By signing up for the annual program fee monthly auto pay option, you are committing to paying a full year SPCC Master's program fee. Program registrations may be submitted to the front desk, put in Shelly's mailbox in the business office at SPCC, or mailed to Severna Park Community Center, attention: Shelly Beigel, 623 Baltimore Annapolis Boulevard, Severna Park Maryland 21146. Credits for medical conditions will be considered. SPCC accepts cash, credit cards or checks. Checks should be made out to SPCC. The Three-Month program fee option is only good for consecutive months.

**We offer a \$25 discount for a second family member.*

Please contact Shelly Beigel at sbeigel@spcommunitycenter.org or at 410 647-5843 ext. 301 if you have a unique and/or extenuating circumstance.

Swimmers will not be able to attend practice until their registration form is submitted and payment option documented.

United States Masters Swimming (USMS) Member Registration Fee:

You will need to register with USMS online at [USMS.org](https://usms.org) by clicking on the registration tab. The current annual master's registration fee is \$75.00. You will need the following information to register: club name (Maryland Masters), abbreviation (Mary), and workout location (SPCC). USMS memberships run from January 1st through December 31st.

*****PLEASE NOTE***** Masters team members may NOT swim for free during open/lap swim but may buy an open/lap swim pass for a reduced rate of \$63.00 for 12 visits. This is a savings of up to \$31.00. *Swimmers who pay in full in advance for the entire season (September – August) are given 15 non transferrable lap swim visits for free upon registration.*

We are looking forward to a great season and providing our Masters Swimmers with an outstanding program!

Sincerely,

Shelly Beigel

Director of Programs and Partnerships, Severna Park Community Center

Severna Park Community Center
Maryland Masters at SPCC Membership Registration
2025-2026 Swim Team Season (September 1, 2025-August 31, 2026)

1. Make sure your USMS membership is active.
2. Complete and submit the Maryland Masters at SPCC Membership Registration form by September 1, 2025. For pay in full registrants, include the *SPCC annual registration fee* in your payment. For monthly and three-month program payers, the *SPCC annual registration fee* will be processed with your first payment. Please contact Shelly Beigel at sbeigel@spcommunitycenter.org if you have any questions regarding payment procedures.

Join Date: _____

Last Name, First Name, MI

Gender

Birthday(mm/dd/yyyy)

Street Address

City

State

Zip

Cell Phone

Email Address

Home Phone

Occupation

Emergency Name and Phone: _____

Any medical considerations we should be aware of? _____

Maryland Masters at SPCC Program Fee Selection

<u> X </u>	Annual Registration Fee	\$ 30
_____	Adult Pay in Full (includes a 5% discount)	\$983
_____	Young Adult Pay in Full (ages 18-25) (includes a 5% discount)	\$703
_____	Adult Annual Monthly Payment Program \$86.25/month/recurring credit card payment	\$1035
_____	Young Adult Annual Monthly Payment Program \$61.75/month/recurring credit card payment	\$741
_____	Three Month Membership – Months _____	\$303 (Adult)
_____	Three Month Membership – Months _____	\$229 (ages 18-25)
_____	Second Family Member Discount (Spouse, Sibling, Child, Parent) 12-month program fee only	\$ 25
_____	Summer Session (June-August)	\$247
_____	Prorated amount for registering after September (Director of Programs and Partnerships will calculate prorated adjustment)	\$ _____

I ACKNOWLEDGE THAT IF I REGISTER FOR THE MARYLAND MASTERS AT SPCC ANNUAL PROGRAM FEE MONTHLY RECURRING AUTO PAY PLAN, I AM COMMITTED TO PAYING THE ANNUAL REGISTRATION FEE AND A FULL YEAR'S PROGRAM FEE OF \$1035/ADULT OR \$741/YOUNG ADULT. I ALSO AGREE TO THE CODE OF CONDUCT AND WAIVER, COPIES OF WHICH ARE AVAILABLE ONLINE OR AT THE FRONT DESK. REGISTRATION FORM AND PAYMENT DUE SEPTEMBER 1, 2025.

Signature: _____

Name: _____ Date: _____

Auto-Billing Authorization

- . Your credit card will automatically be billed on the first day of each month.
- If you notice a problem with your credit card statement, contact Shelly Beigel at sbeigel@spcommunitycenter.org.

I, _____ (Print Name), authorize Severna Park Community Center to charge my credit card the Annual Registration fee of Thirty dollars (\$30) and _____ Adult – Eighty-six dollars and twenty five cents (\$86.25), or _____ Young Adult – Sixty-one dollars and seventy-five cents (\$61.75) on the 1st of each month. I agree to perform the obligations set forth in the Cardholder's Agreement with the Issuer.

(Signature)

(Address)

(Zip Code)

Name on Credit Card _____

Credit Card Number _____

Expiration date _____

VISA, MasterCard, and Discover (circle one)

I ACKNOWLEDGE THAT IF I REGISTER FOR THE MARYLAND MASTERS AT SPCC ANNUAL MEMBERSHIP MONTHLY RECURRING PAY PLAN, I AM COMMITTED TO PAYING A FULL YEAR'S PROGRAM FEE OF \$1035/ADULT OR \$741/YOUNG ADULT.

Signature: _____

Name: _____

Date: _____