

FALL SWIM CLINIC REGISTRATION

Swimmer's Name _____ Age _____ Birthdate _____ M / F

Swimmer's Name _____ Age _____ Birthdate _____ M / F

Parent's Name(s) _____

Address _____

City, State, Zip _____

Home phone _____ Cell or work phone _____

Email address _____

Member _____ Non-member _____ Today's date _____

Days we will be attending the clinic (i.e. WF, TTh, every day): _____

(you may come any of the days offered or different days each week- this is just to give the coaches an idea how many swimmers and who to expect each day)

Summer rec team: _____

Years on the team: _____

Yes, we are definitely interested in competing at USA meets _____

We may be interested but need more information _____

Other information or special requests: _____

Does your child have asthma, diabetes, or any other medical condition we should be aware of?

Clinic Fee: Unlimited practices \$165 (member) \$195 (non-member)
2 practices per week \$135 (member) \$165 (non-member)
(fees not refundable after start date)

Total enclosed _____

_____ Check is not attached - please charge my Club Account.

Non-members: Please read and sign below:

I accept full responsibility for myself and my Family's use of any and all apparatus, appliances, facility, privilege or services whatsoever owned and operated by the club, at my own risk and shall hold the club, its shareholders, directors, officers, employees, representatives and agents harmless from all loss, claim, injury, damage, or liability sustained or incurred by me and my family resulting there from. Furthermore, I grant permission to Rollingwood Racquet Club to call and inform me of any Club Promotions.

Signature: _____ Date: _____