Revised: April 10, 2011

Pacific Swim @ 4S
Novice Swimmer Registration

Athlete One

_____ _____ _____ M F _____/_____/_____ Beg/Adv
First Name | Last Name | Mid Intl | Gender | Birthday | Group

Athlete Two

_____ _____ _____ M F _____/_____/_____ Beg/Adv
First Name | Last Name | Mid Intl | Gender | Birthday | Group

Athlete Three

_____ _____ _____ M F _____/_____/_____ Beg/Adv
First Name | Last Name | Mid Intl | Gender | Birthday | Group

Parent(s) or Legal Guardian:

_____ _____
First Name(s) | Last Name(s)

_____ _____ _____ _____
Address (House No and Street) | City | State | Zip

(_____) _____ - _____ (_____) _____ - _____ _____
Home Telephone Number | Work/Mobile Telephone Number | Active e-mail address

_____ Yes No
How did you hear about our program? | Member of 4S Pool?

Release of All Liability
In consideration of the acceptance of this registration, we, the undersigned swimmer, parent and or guardian, intending to be legally bound, do hereby waive, release and forever discharge any and all rights and claims for damage which we or either of us may hereafter have against the organization's club, its representatives, and its coaches for any and all damages which may be sustained and/or suffered by me or my children in connection with participating in the swim program. In addition, we understand that there will be no make-up lessons for any circumstances, and that dues are to be paid by the 7th of every month or the account holder is subject to a late fee of $25.

☐ By marking in the preceding box, I **DO NOT** agree that Pacific Swim may publish picture(s) of the athletes listed above to its website.

_____ _____
Signature of Parent or Legal Guardian | Today's date

Pacific Swim Office Use:

_____ _____/_____/_____ _____ check / debit / cash / credit _____
Received By | …on (Date Received) | Amount of Initial Payment | Means of initial payment | chk# / last 4 dc/cc