



Pacific Swim Learn-to-Swim Registration

Athlete One

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

Athlete Two

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

Athlete Three

 First Name Last Name Mid Intl M F / / Beg/Adv
 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

How did you hear about our program? Yes No
 Member of 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:

Session Start	Weekdays and Times	Session End			
Received By	Date Rcvd	Amount	Type (chk/cc)	chk# / last 4	

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