

Holiday Swim Club Swim Team Registration

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

Member Name:
Address:
City, State, Zip:
Cell Phone:
Email:

Circle one: (See below for instructions on how to identify your swimmer(s))

Beginner	Intermediate	Advanced
Beginner	Intermediate	Advanced
Beginner	Intermediate	Advanced
Beginner	Intermediate	Advanced

Beginner- Is comfortable in the water and can float. Can swim one length of the pool unassisted, without grabbing lane line or holding onto the side of the pool. Knows at least one stroke (Freestyle, Backstroke, Breaststroke, Butterfly).

Intermediate- Knows all four strokes (Freestyle, Backstroke, Breaststroke, Butterfly). Needs some stroke improvement. Knows basic diving skills.

Advanced- Knows all four strokes (Freestyle, Backstroke, Breaststroke, Butterfly). Needs only "fine-tuning". Is comfortable with endurance and speed drill training. Is familiar with interval training. Is a skilled diver and skilled at flip turns

Cost:

\$70 - 1 swimmer	\$200 - 3 swimmers
\$135 - 2 swimmers	\$250 - 4 swimmers

WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTIONS OF RISK

Please read this carefully and be aware that in signing up and participating in Holiday Swim Team, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages, or loss which your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with this program.

I recognize and acknowledge that there are certain risks of physical injury to participants in this program, and I voluntarily agree to assume the full risk of any and all injuries, damages, or loss, regardless of severity, that my minor child/ward may sustain as a result of said participation. I further agree to waive and relinquish all claims my minor child/ward may have (or accrue to the Holiday Pool Inc., (DBA Holiday Swim Club), including volunteers, coaches, members, executive team and board members. I do hereby fully release and forever discharge the Holiday Pool Inc., (DBA Holiday Swim Club) from any and all claims for injuries, damages or loss that my minor child/ward may have or which may accrue to my minor child/ward and arising out of, connected with, or in any way associated with this program.

EMERGENCY CONTACT INFORMATION:

Name: _____ Phone: _____
Relationship: _____ Alt Number: _____

Name: _____ Phone: _____
Relationship: _____ Alt Number: _____

Please list or explain any medical or allergy information:

Parent/Guardian Consent: _____ Date _____

ADMINISTRATIVE USE ONLY	
Payment received by: _____	Payment date: _____
Payment amount: \$ _____	Form of Payment: _____