Printed: 23 July 2010

Pacific Swim
Swim Team Registration

Athlete One

_____ _____ _____ M F _____/_____/_____ _____
Legal First Name | Legal Last Name | Mid Intl | Gender | Birthday | Shirt Size

_____ (_____) _____ - _____ N:Beg N:Adv Blu Red Grn Wht Slvr Gold
Preferred First and/or Last Name | Swimmer's Telephone Number | Group (circle one)

Athlete Two

_____ _____ _____ M F _____/_____/_____ _____
Legal First Name | Legal Last Name | Mid Intl | Gender | Birthday | Shirt Size

_____ (_____) _____ - _____ N:Beg N:Adv Blu Red Grn Wht Slvr Gold
Preferred First and/or Last Name | Swimmer's Telephone Number | Group (circle one)

Athlete Three

_____ _____ _____ M F _____/_____/_____ _____
Legal First Name | Legal Last Name | Mid Intl | Gender | Birthday | Shirt Size

_____ (_____) _____ - _____ N:Beg N:Adv Blu Red Grn Wht Slvr Gold
Preferred First and/or Last Name | Swimmer's Telephone Number | Group (circle one)

Parent(s) or Legal Guardian:

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

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

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

_____
How did you hear about our program?

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. I understand that the account balance is to be paid in full by the 7th of every month or the account holder is subject to a late fee of $25.

I agree to give Pacific Swim **THIRTY DAY NOTICE** before **cancellation of team enrollment** (whether temporary or indefinite). Notice **MUST** be **via e-mail** to gary@pacificswim.com. If notice is not received via e-mail to Gary Scott, team manager, account will be billed accordingly. Please initial: _____

☐ 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

_____ _____ _____/_____/_____
Start Billing in the Month of | Entered Into Computer By | …on (Date Entered Into Computer)

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