



SwimMAC Swim School
ganderson@swimmaccarolina.org
(704) 766-1520 ext. 3109
2010 Spring Registration & Release Form

Please Indicate: Session _____ Level _____ Days _____ & Time _____

Returning Student: yes _____ no _____ [please check one]

Member of HFFA? yes _____ no _____ [please check one]

T-shirt Size: Youth S M L XL [please circle one]

Student information:

Students Last Name Student's First Name MI DOB
Sex

Parent/Guardian Last Name Mother's Name Father's Name

Street Address City State Zip Code

Cell Phone # E-mail Address

Please share any pertinent information regarding the medical history of your child: allergies, epilepsy, hearing disorder, vision problems, ADD, learning disorder, asthma, diabetes, other...

Please share any pertinent information regarding the instruction of your child: past water experience, degree of shyness/boldness, personality, etc...

The undersigned hereby releases Mecklenburg Aquatic club, its staff, Board of Directors, Officers, and any Mecklenburg Aquatic Club designated facility from any liability arising from injury, of the above named swimmer while participating in any Mecklenburg Aquatic Club program, swim school class, function, or other related activity while using the designated facilities.

Parent/Guardian Signature

Date

Office Use Only: Annual Registration Fee _____ Date _____