



SwimMAC Swim School  
ganderson@swimmaccarolina.org  
(704) 766-1520 ext. 3109

**2010 Winter 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]

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**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

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**Office Use Only:**    Annual Registration Fee \_\_\_\_\_ Date \_\_\_\_\_