

HIGHLANDS SWIM TEAM

2016 REGISTRATION FORM

Please print all information:

PARENTS' NAME(S) (Last, First)	
ADDRESS	
CITY, STATE AND ZIP	
PHONE	
EMAIL ADDRESS(ES)	

NAME OF SWIMMER	SWIMMER EMAIL	M/F	AGE ON 6/1/16	DOB MM/DD/YY

Program Fees			
\$81 Family with one swimmer			
\$96 Family with two swimmers			
\$106 Family with three or more swimmers	Amount Due	\$.00

PLEASE SUBMIT THIS FORM WITH PAYMENT TO: *Highlands Aqua Club*

ALL PARENTS: Please look for emails with links to our Sign-up Genius pages with volunteer opportunities for each meet. Your involvement will ensure a successful swim season!

Waiver: I hereby waive and release Highlands Aqua Club from all liability for any injuries and illnesses incurred while participating in any Swim Team activity. I will be responsible for any medical or other charges in connection with my son's and/or daughter's participation in any Swim Team related activities.

Signature (parent/guardian) _____ Date _____