

2021 FALL SWIM CAMP

SIGN UP FORM

TO REGISTER, PLEASE PRINT OUT THE SIGN UP FORM ALONG WITH PAYMENT AND BRING IT TO THE POOL OFFICE LOCATED AT 1854 PORT WESTBOURNE PLACE, NEWPORT BEACH, CA 92660

MONDAYS thru THURSDAYS from AUG 30th – OCT 22nd

(No practice on Labor Day Sept 6th.)

3:15 pm to 3:45 pm 5/6 year olds
3:45 pm to 4:30 pm 7/8 year olds
4:30 pm to 5:30 pm 9 & up swimmers

HVCA Residents \$195 - Non HVCA Residents \$220 per swimmer

There is no pro-rating of fees for partial attendance due to absences or inclement weather

Venmo @Todd-Hickman-66, CASH or CHECK made out to HVCA Please drop off your payment at the pool office Phase 1

PARENT(S) NAME: _____

ADDRESS: _____

E-MAIL: _____

CELL #: _____ HOME #: _____

EMERGENCY CONTACT: _____ PHONE: _____

PARTICIPANT(S) NAME	AGE	DATE OF BIRTH	SWIM EXPERIENCE

FEES MUST BE PAID AND WAIVER SIGNED PRIOR TO PARTICIPATION.

*Enrollment is very limited so please confirm enrollment by dropping registration at **Phase 1 Pool***

Emergency Medical Authorization: (Agent: Authorized agent of Harbor View Community Association)

I/We, parent(s)/person(s) having legal custody/ legal guardianship of the above listed minor do hereby authorize medical, dental or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general or on the medical staff of any hospital, whether such diagnosis or treatment is rendered at the office or said physician, dentist or at said hospital. It is understood that this authorization is given in advance of any special diagnosis, treatment, or hospital care being required but is given to provide authority to the aforesaid Agent to give specific consent to any; and all such diagnosis, treatment, or hospital care which a physician or dentist meeting the requirements of this authorization may in the exercise of his/her best judgment deem advisable.

List allergies if any _____

Release of Liability: In consideration of your accepting this registration, I hereby agree to indemnify and hold harmless the Harbor View Swim Team, and any of its officers, agents, or employees from any liability or claim or action for damages resulting from or in any way arising out of participation in the program by the person.

Form of payment: Venmo, Cash

Check No. _____

Parent Signature

Please mark form of payment

Date