Registration Form

For Programs administered by Lake Ridge Swim Team Inc. and held at the Lake Ridge Community Swim Club

Please Print:

|  |  |  |
| --- | --- | --- |
| Name: | | |
| Address: | Home #: | Cell #: |
| Zip Code: | E – Mail: | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Participant | Age | Program | Session / Level | Cost |
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|  |  |  |  |  |
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Total Amount Enclosed:

Method of Payment: Cash

Check (Please make check payable to Lake Ridge Swim Team)

Parent/ Legal Guardian’s Name (if participant is under 18 years old): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby waive, release, and hold harmless Lake Ridge Swim Team Inc. from any and all liability, actions, claims, or causes of action for any loss, damage, or injury suffered by my child/children, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ or me, during or otherwise in connection with participation in this program. I also attest that the participants listed above are physically fit and in good health to participate.

Applicant (if over 18) or Parent/ Legal Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Refund Policy: The program cost minus a $10.00 processing fee will be refunded if a written cancellation request is received at least 3 business days prior to the start date of the activity. No refunds will be made after three days prior to the start of an activity.

Registration forms and payment can either be dropped off at the Lake Ridge Community Swim Club or mailed to

Lake Ridge Aquatic Activities

6054 Greenway Court.

Manassas, VA 20112

If you have any questions, contact Alex McDonald at Lancers.activities.director@gmail.com