| Junor Guard Conditioning Camp | | | | | | | | | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Mc Gaugh pool 4:45-5:30 monday-thurs + jftb fri 5-6 | | | | | | | | | | | | | | | | | |
| **SWIMMER’S NAME** – Last | | | | First | | | | | | | | | | Middle Initial | | | |
| Date of birth - M/D/Y : | | | | | **M**ale / **F**emale: | | | E-mail: MANDATORY | | | | | | | | | |
| Current address: | | | | | | | | | | | | | | | | | |
| City: | | | | | | | | | State: | | | | | | ZIP Code: | | |
| Phone: | | | Date: | | | | | | |  | | | | | | | |
| Emergency Contact | | | | | | | | | | | | | | | | | |
| Name of Parent/Guardian: | | | | | | | | | | | Cell Phone: | | | | | | |
| Name of Parent/Guardian: | | | | | | | | | | | Cell Phone: | | | | | | |
| authorization to treat minor | | | | | | | | | | | | | | | | | |
| My signature on this authorization indicates that I give permission, in my absence, for the emergency evaluation and treatment of my child by a licensed hospital facility. I understand that this form is intended only for instances when an unforeseen medical emergency arises and I am not able to give consent. I also understand that the hospital may attempt to contact me. If the hospital does contact me I will provide a formal consent as soon as possible. | | | | | | | | | | | | | | | | | |
| Signature: | | | | | | | | | | | | | Date: | | | | |
| ADDITIONAL SIBLINGS also participating | | | | | | | | | | | | | | | | | |
| **NAME** - Last, First, Middle: | | | | | | | | | | | | | | | | | |
| Date of birth - M/D/Y : | | | | | | | M / F | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  | | | | | | | | | | |
| **NAME** - Last, First, Middle: | | | | | | | | | | | | | | | | | |
| Date of birth - M/D/Y : | | | | | | | M / F | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  | | | | | | | | | | |
| **NAME** - Last, First, Middle: | | | | | | | | | | | | | | | | | |
| Date of birth - M/D/Y : | | | | | | | M / F | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  | | | | | | | | | | |
| FEES & locations | | | | | | | | | | | | | | | | | |
| 4 - Week Sessions | DATE | Fees | | | | Pool | | | | | | | | | |  |
| 1 | 2/13/23 – 3/10/23 | $175 | | | | McGaugh Pool M-Thurs 4:45 – 5:30 pm + JFTB Los Alamitos pool - Friday 5-6 pm | | | | | | | | | |  |
| 2 | 3/13/23 – 4/7/23 | $175 | | | | McGaugh Pool M-Thurs 4:45 – 5:30 pm + JFTB Los Alamitos pool - Friday 5-6 pm | | | | | | | | | |  |
| 3 | 4/10/23 - 5/5/23 | $175 | | | | McGaugh Pool M-Thurs 4:45 – 5:30 pm + JFTB Los Alamitos pool - Friday 5-6 pm | | | | | | | | | |  |
| 4 | 5/8/23 – 6/2/23 | $175 | | | | McGaugh Pool M-Thurs 4:45 – 5:30 pm + JFTB Los Alamitos pool - Friday 5-6 pm | | | | | | | | | |  |
| Signature: | | | | | | | | | | | | Date: | | | | | |

By signing this form, I acknowledged that I have read and fully understand the terms, conditions & policies of SEAL Beach Swim Club. By not abiding the rules, SEAL has the right to terminate the membership.

Please make checks payable to: Seal Beach Swim Club. We also accept Zelle payments: Zelle@SealBeachSwimClub.org