



SAN DIEGO AQUATIC CLUB, INC. (SDAC) SUMMER SWIM TEAM REGISTRATION FORM

Please complete one form per swimmer (please print)

Last _____ Middle _____ First _____		
Swimmer's Mailing Address: _____ _____		
Home Phone Number: _____	Swimmer's E-mail address: _____	Swimmer's Cell Phone Number: _____
Birthday: ____/____/____ (mm/dd/yy)	Age: _____	<input type="checkbox"/> New SDAC Swimmer <input type="checkbox"/> Returning SDAC Swimmer
School & District: _____		Grade Level: _____
Are you currently a member of USA Swimming? <input type="checkbox"/> Yes <input type="checkbox"/> No	Please list your previous swim team(s): _____	

Family Information

Father's Name _____	Mother's Name _____
Employer _____	Employer _____
Job Title _____	Job Title _____
Work/Cell Phone _____	Work/Cell Phone _____
Preferred Family E-mail address*: _____	* Important for team news and notification of schedule changes. Please supply an e-mail address that is checked on a regular basis.

Release of Liability. Parent hereby releases SDAC, its employees, officers, directors and volunteers and any facility used by SDAC from any liability arising out of any injury to the swimmers which may occur while the swimmer(s) is/are participating in the SDAC swim program, including, but not limited to, practices, meets, travel trips, and other team activities, or while the swimmer(s) is/are using facilities owned, leased or used by SDAC.

Signature of Parent/Guardian

Date