



**CIRCLE C AQUATICS
REGISTRATION FORM
SELECT SWIM TEAM
2017-2018 SWIM SEASON**
Please type or print information legibly



A Swim Team Try-out must be attended before this form is submitted.
A Resident/Non-Resident Information Form must be submitted prior to submitting this Registration Form.

Parent / Guardian Information

Name: _____ Resident Non-Resident
Phone: _____ Alt Phone: _____ Email: _____

Registrant #1

Name: _____ Resident Non-Resident
Approved Group: Bronze Silver Gold Pre-Sr. Senior

Registrant #2

Name: _____ Resident Non-Resident
Approved Group: Bronze Silver Gold Pre-Sr. Senior

Registrant #3

Name: _____ Resident Non-Resident
Approved Group: Bronze Silver Gold Pre-Sr. Senior

Payment

Non-Refundable **Annual Registration Fee** due upon registration - **\$155**
(Covers enrollment through July 31, 2018)

Automatic Monthly Payments

Bronze
 Resident- **\$100**
 Non Resident **\$110**

Silver
 Resident- **\$125**
 Non Resident-**\$135**

Gold
 Resident- **\$135**
 Non Resident- **\$145**

Pre Senior
 Resident- **\$160**
 Non Resident **\$170**

Senior
 Resident- **\$170**
 Non Resident- **\$180**

Medical Information

Doctor's Name: _____ Phone: _____
Insurance Carrier: _____ Policy #: _____ Holder: _____

Allergies/Medical Conditions: _____

I hereby agree to indemnify and hold harmless Circle C Homeowners Association, Inc. / Circle C Aquatics and its officers and employees from and against any and all liabilities for any injury which may be suffered by me or by my wards/guests arising out of or in any way connected with participation in the program listed above. In case of emergency, my child(ren)/ward(s) may be treated by a qualified physician/EMS.

Signature of Parent/Guardian: _____ Date: _____