



FALL SWIM

2019

12 Week Program



Swimmer's Name: _____ Birthdate (Month/Day/Year): _____ Age: _____

Address (Street, City, State, Zip Code): _____

Parent/Guardian Name: _____

Primary Phone: _____ Phone #2: _____

Email #1: _____ Email #2: _____

In the event of an emergency, please contact:

Name Relationship cell: (____) _____
work: (____) _____

Medical/Health Problems/Other concerns you want our staff to be aware of: _____

Medical Insurance Carrier: _____ Policy Number: _____

Please Check	Age Group	Days September 3 – November 22	Times	Fees
<input type="checkbox"/>	Ages 5-8	Tuesday – Friday (4 days)	4:00-4:45 PM	<input type="checkbox"/> Member: \$220.00 <input type="checkbox"/> Non-Member: \$320.00
<input type="checkbox"/>	Ages 8-11	Tuesday – Friday (4 days)	5:00-6:00 PM	<input type="checkbox"/> Member: \$250.00 <input type="checkbox"/> Non-Member: \$350.00
<input type="checkbox"/>	Ages 11&UP	Monday – Friday(5 days)	6:00-7:30 PM	<input type="checkbox"/> Member: \$250.00 <input type="checkbox"/> Non-Member: \$350.00

I want to join USA Swimming and participate in USA Swimming meets. I will register or renew my USA Swimming membership at www.swim-smarter.com. I understand I cannot participate in USA Swimming meets or activities unless my membership is current. (This is a separate fee).

I do not want to participate in USA Swimming meets and am not interested in becoming a current member of USA Swimming, or renewing my membership.

Rollingwood Athletic Club Waiver:

I/We acknowledge, know, understand and appreciate the inherent risks of participating in health and fitness club activities at Rollingwood Athletic Club. I/We understand that strength, cardiovascular, flexibility, and other fitness activities involve strenuous, near maximum exertions; prolonged stress on the cardiovascular system; stress on the joints and ligaments; and other related risks. I/We understand the potential injuries can range from minor strains to paralysis or death. I/We hereby assert that I/We am voluntarily participating in fitness and sports activities at Rollingwood and assume the inherent risk of such participation. I/We accept full responsibility for myself and my family's use of any and all apparatus, appliances, facility, privilege or services owned and operated by Rollingwood, at my own risk. I/We hold Rollingwood, its shareholders, directors, officers, employees, representatives and agents harmless from any loss, claim, injury, damage or liability sustained or incurred by me and my family resulting therefrom.

I have read this waiver and agree to the terms and conditions:

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Name (Please print clearly): _____

To charge your fees on MasterCard, VISA, AMEX, or Discover: \$ _____ Card # _____ Exp. Date: _____ RAC Members Only: Please charge my member account. Initials _____	Office Use Only Received _____ Processed _____ Amount \$ _____ CC/Member Acct/Cash/Check
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