



CLOVIS SWIM CLUB REGISTRATION FORM

Billing Information

E-Mail Address _____ Today's Date _____

Name: _____
Last First Middle DOB

Address: _____
Number/Street City State Zip Code

Phone Number: _____
Home Cell Work

Do you live within the Clovis Unified School District boundaries? Yes No

Swimmer Information

Swimmer 1) _____ Male Female
Last First Middle Initial Birthday mm/dd/yyyy

Swimmer 2) _____ Male Female
Last First Middle Initial Birthday mm/dd/yyyy

Swimmer 3) _____ Male Female
Last First Middle Initial Birthday mm/dd/yyyy

All accounts will be billed a \$60.00 annual administrative fee that needs to be turned in with this registration form. *All non-residents are billed an additional 10% surcharged on program dues.*

Please mark the program/ fee structure you wish to join:

- Masters- \$40/month
- Masters- Semi-annual \$200.00 (Aug- Jan. and Feb- July)
- Masters Couples- 2 members at \$32.50 each = \$65/month
- Triathlon- \$20/ month (Triathlon practices only)

In the event of an illness or injury, I hereby authorize a Clovis Swim Club coach, on my behalf, to obtain emergency transportation and treatment.

I understand the club does not assume any financial responsibility for medical care or ambulance transportation in case of emergency. I understand and acknowledge that fees associated with this program, I understand any financial responsibilities and policies, which are subject to change. I understand that any such change will be notified by e-mail and published on the Clovis Swim Club website. I acknowledge that Clovis Swim Club will be sending me my bill via e-mail through my online account and *not* through the mail.

MY SIGNATURE ACKNOWLEDGES ALL OF THE ABOVE _____

Signature of Account Owner/ Responsible Party

For Roster Purposes, please indicate which group you will be attending most:

- Masters- A.M.
- Masters- P.M.
- Triathlon – Restricted M& W triathlon only practices

Please check the website for practice times and locations: <http://clovisswimclub.org> 'Masters'