



Please join us for a one week free trial. We would like to make it easy for you to get as much information about our team as possible. We are sure that you will meet a lot of wonderful coaches, swimmers and other parents. We are here to answer all your questions. Please complete this information form and bring it with you when you start your free week trial. You may also contact Marcelle Arakaki (marcelle808@gmail.com) at the conclusion of your free week trial period if you have any further questions about our club and registration.

Swimmer's name: _____

DOB: _____

Parent's Names: _____

Parent's best phone contact number: _____

Address: _____

Email: _____

Free trial Start date: _____

Please circle the branch of your free trial:

Kapaolono / Kroc Center / Salt Lake / VMAC (Waipio)
Coach George / Coach Keith or Hannah / Coach Sam or Coach Emmett / Coach Aaron, Nikki, Jon

I, _____, give permission for my child _____ to participate with HSC's 1 week free trial.

Parent's signature

Date