



BARRACUDA SWIM CLUB MASTERS SWIMMING – 2018/19 SWIM SEASON

FIRST NAME: _____ LAST NAME: _____
BIRTH DATE M _____ D _____ Y _____ SEX _____
ADDRESS _____
PHONE: _____ EMAIL: _____

EMERGENCY CONTACT INFORMATION:

NAME: _____ PHONE: _____ RELATIONSHIP: _____

Let us know if you have any medical conditions that we should be aware of as you start training.

SCHEDULE:

MONDAY **7:00 – 8:00 P.M. AT BKKAC**
TUESDAY **7:00 – 8:00 P.M. AT BKKAC**
THURSDAY **7:00 – 8:00 P.M. AT BKKAC**

WE WILL BE OFFERING 3 SESSIONS THROUGH THE SEASON.

FALL SESSION – **MONDAY, SEPTEMBER 10 TO THURSDAY, DECEMBER 20** (45 WORKOUTS)

WINTER SESSION – **MONDAY, JANUARY 7 TO THURSDAY, APRIL 18** (48 WORKOUTS)

SPRING/SUMMER SESSION – **MONDAY, APRIL 29 TO THURSDAY, AUGUST 1** (42 WORKOUTS)

There may be cancellations on national holidays, in the case of coaches being off island or other unforeseen circumstances (like weather or pool closures). Any cancellations will be communicated by WhatsApp as soon as we know. Please make sure we have your up to date contact.

COST:

\$200/SESSION. PAYMENT BY CASH OR CHEQUE (BARRACUDA SWIM CLUB).

QUESTIONS:

JEFF SLATER, HEAD COACH, BARRACUDA SWIM CLUB **242.427.7946** or **barracudacoachjeff@gmail.com**

SIGNATURE: _____ DATE: _____



WAIVER/RELEASE

I, the undersigned agree that I will not hold The Barracuda Swim Club, and its coaches, instructors, members, associates and anyone acting on its behalf, responsible or liable to the above-mentioned swimmer, his or her heirs, executors, or representative for any and all injury, damages, accidents, deaths, claims, actions to cause of action whatsoever to the above-mentioned swimmer's person to property arising or in connection with the use of these facilities. The undersigned further releases The Barracuda Swim Club, Swim coaches, instructors, members, associates and anyone acting on its behalf from any injuries that may results from any pre-existing condition or impairment that the swimmer may possess. The undersigned acknowledges that this release is given in advance to any injury to the above-mentioned swimmer and that includes any future injuries, damages and losses.

I _____ acknowledge and accept that the above-mentioned swimmer is participating in this program and all its activities related thereto is voluntary and entirely at the above-mentioned swimmer own risk.

SIGNATURE: _____

DATE: _____

Barracuda may document Masters swim activities using photo and/or video which will be used for promotional purposes. I understand that signing this waiver indicates agreement to the terms and conditions.

SIGNATURE: _____

DATE: _____

FOR OFFICIAL USE ONLY:

BANK OF CHECK _____ CHECK NUMBER _____ CHECK AMOUNT _____

CASH AMOUNT _____



819.2666



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@cuda242



www.thebarracudasswimclub.com