





REGISTRATION FORM

CHECK DESIRED TIME:		
OPTION 1 3:45PM TO 4:30PM		4:30PM TO 5:15PM
SWIMMER INFORMATION		
FIRST	· · · · · · · · · · · · · · · · · · ·	LAST
DATE OF BIRTH: (MM)	(DD)	(YY) AGE:
GENDER: MALE FEMALE		E: SMALL MEDIUM LARGE
PARENT/GUARDIAN FIRST		LAST
EMAIL ADDRESS		
PHONE (W)		
EMERGENCY CONTACT (other to parent/guardian first		,
PHONE (H)	MOBILE	WORK
WAIVER/RELEASE		
to the above-mentioned swimmer, his or her heirs, executors, or reperson to property arising or in connection with the use of these fac	oresentative for any and all injury, dama vilities. The undersigned further release existing condition or impairment that th	illege, and its coaches, instructors, members, associates and anyone acting on its behalf, responsible or liab ages, accidents, deaths, claims, actions to cause of action whatsoever to the above-mentioned swimmer's is The Barracuda Swim Club, Queen's College, Swim coaches, instructors, members, associates and anyon e swimmer may possess. The undersigned acknowledges that this release is given in advance to any injury
I acknowledge and accept that the above-mentioned swimmer is pa	articipating in this program and all its ac	ctivities related thereto is voluntary and entirely at the above-mentioned swimmer own risk.
SIGNATURE:		
SIGNATURE:		onal purposes. I understand that signing this waiver indicates agreement to the terms and conditions.
CHECKS ARE PAYABLE TO BARRACUDA S PAYMENT METHOD	WIM CLUB.	CLASSES ARE HELD TUESDAYS, WEDNESDAYS & THURSDAYS
	E DIRECT DEPOSIT	FALL SESSION SPRING SESSION
		JENING BEBBION