

SEALS SWIM CLUB
P.O. Box 1119, Fremont, CA 94538
FEES AND PERMISSION FORM
(One form per family needed)

Swimmer Name:	Date of Birth:
Swimmer Name:	Date of Birth:
Swimmer Name:	Date of Birth:
Address:	City/State
Telephone#/Cell#:	E-Mail:
Referred By:	

Seals Swim Club is non-profit organization swimming with the East Bay Swim League.

Please check the appropriate box listing the number of swimmers you wish to enroll:

1 Swimmer \$ 275.00 **2 Swimmers \$ 525.00** **3 Swimmers \$ 725.00**

**NOTE: 2011 Fees after 3/30/11 are: 1 Swimmer \$295, 2 Swimmers \$545, 3 Swimmers \$745
Pro-rated refunds can be given up until 5/22/11. No refunds will be given after that date.**

Make checks payable to Seals Swim Club

Please initial each of the following:

_____ I understand that reasonable measures will be taken to safeguard the health and safety of the swimmers and that I will be notified as soon as possible in the case of an emergency. In the event of an accident or illness occurring I will not hold Seals Swim Club, its Officers or Coaches responsible. In the event of an accident or illness, I authorize a Seals Coach or Officer to contact a doctor and/or provide other necessary medical services for my swimmer(s) at my expense.

_____ I understand that if my child is expelled from the team for justified reasons, there will be no reimbursement of fees paid to Seals Swim Club.

_____ I agree that a family member or I will work the required minimum hours performing a job as specified in the club by-laws and that if this commitment is not met a fine of \$25.00 will be imposed per job not worked.

_____ I authorize the use of pictures taken during the Swim Season of my swimmer(s) to be used on the Seals website or in the annual slideshow.

_____ I authorize the video taping of my swimmer(s) by the coaches for training purposes only. Videos of my child's performance will not be used on the team website without my permission.

Parent/Guardian Signature

Printed Name

Date