

SWIM TEAM REGISTRATION

One form for each program participant. Incomplete forms will result in delay of registration. Please print and fill out completely.

Parent/Guardian Information

Parent/Guardian name: _____ Email address: _____
 Home phone: _____ Work phone: _____ Cell phone: _____

Child Information

Child's name: _____ Child's birthday: _____
 Emergency Contact: _____ Phone: _____

Emergency Contact Information

I hereby agree to accept all financial responsibility and give consent for any medical, surgical or dental attention to maintain the health of the above child named. I agree to absolve Active Acquisition Partners, LLC, Active Wellness, LLC and St. Joseph Health (dba Synergy Health Club Petaluma) and its staff from all liability that may arise as the result of participation in the programs below. I am also to report any medical problem that is serious or life threatening to the child. I agree to all policies and procedures of Synergy Petaluma.

Parent/Guardian signature: _____ Date: _____

Swim Team Registration *Sign up for five months and receive the sixth month free.*

Month: _____ Date & time: _____ Code: _____ Fee: \$ _____
 Month: _____ Date & time: _____ Code: _____ Fee: \$ _____

The parent or guardian agrees to the payment plan indicated above and is responsible for payment of all monthly swim team dates. This agreement is to remain in effect until Synergy Petaluma has received written notice from the parent or guardian. Synergy Petaluma is not responsible if the child fails to attend a practice due to illness, injury, or anything that is outside the control of Synergy Petaluma. Dues must be paid in full prior to the child being allowed to participate in swim team activities. Synergy Petaluma reserves the right to close facilities for maintenance, change rooms for best utilization, modify fees or substitute teachers when necessary.

PAYMENT INFORMATION (MUST BE COMPLETED)

Visa MasterCard Card #: _____ Exp. date: ____ / ____ / ____
 Name on card: _____ Signature: _____

MONTHLY PAYMENT PLAN

Start date: ____ / ____ / ____ Membership #: _____ Non-Member
 # Practices Per Week: _____ Cost: _____
 Parent/Guardian Signature: _____ Date: ____ / ____ / ____