



SUMMER SWIM TEAM

LOCATIONS | SCHEDULE

July 6– August 14



RANCHO ARBOLITOS

14343 Silverset Street | Poway, CA | 92064

2 Days Per Week | Cost \$325

Mark X for Class and Time

Beginner Novice: Tues/Thurs 4:30pm - 5:00pm
 5:00pm - 5:30pm

Advanced Novice: Tues/Thurs 5:30pm - 6:15pm

3 Days Per Week | Cost \$375

Mark X for Class and Time

Beginner Novice: Tues/Thurs 5:00pm - 5:30pm
Fri 10:30am - 11:00am

Advanced Novice: Fri 9:45am - 10:30am

3 Days Per Week | Cost \$375 | Ages 12 & Over Only

Advanced Novice: Select Up To Any 3 Days (no need to schedule in advance) | Cost \$375

Mon/Wed 6:00pm - 7:00pm

Tues/Thurs 4:00pm - 5:00pm

Participant Last Name: _____ First: _____ Age _____

Participant Last Name: _____ First: _____ Age _____

Participant Last Name: _____ First: _____ Age _____

Primary Contact: _____ Contact Number: _____ Email: _____

Medical Conditions: _____

I, the understand hereby give consent for my child(ren) to participate in all events conducted by Pacific Swim Team. I agree not to hold any employee/representative or owner of Pacific Swim Team liable for any type of personal injury, loss of life or damage to property sustained by me or my child(ren) as a result of participation. I acknowledge that I am aware that there are risks to me of exposure to directly or indirectly arising out of, contributed to, by, or resulting from an outbreak any and all communicable disease, including but not limited to, the virus "severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)", which is responsible for Coronavirus Disease (COVID-19) and/or any mutation or variation thereof; In consideration of having the opportunity to participate as either a team member or competitor at location, and in acknowledging that I am aware of and willing to assume the risks associated with this activity, I hereby voluntarily agree to waive, hold harmless and indemnify Pacific Swim and its trustees, agents, volunteers and employees from any and all claims, demands, damages and causes of action of any nature whatsoever, which I, my heirs, my assigns or successors may have against them for, on account of, or by reason of my participation in the above activities. If the contact cannot be reached in an emergency, I authorize any coach or representative of the Club to obtain emergency care. If a parent cannot be contacted in the event of an emergency, I authorize any coach or representative to obtain emergency care as needed.

Parent/Guardian Name: _____ Parent/Guardian Signature _____ Dated: _____

NO REFUNDS