



### SUMMER SWIM TEAM

June 10 – August 16

- Full Summer \$600
- 4 Weeks \$300
- \*Pre Select Any Additional \$80/week*

**Checks Payable to Pacific Swim Team**  
 14343 Silverset Street | Poway | 92064

### LOCATIONS | SCHEDULE:

**RANCHO ARBOLITOS  
MORNING**  
14343 Silverset Street | Poway | 92064

**MORNING**

**Beginner Novice:** Mon - Thurs | 10:00-10:30am

**Advanced Novice:** Mon – Thurs | 9:00-10:00am

**RANCHO ARBOLITOS  
AFTERNOON TBD**  
14343 Silverset Street | Poway | 92064

**AFTERNOON**

**Beginner Novice:** Mon-Thurs | TBD

**Advanced Novice:** Mon-Thurs | TBD

**DEL NORTE HIGH SCHOOL\* Mon - Thurs**  
16601 Nighthawk Lane | San Diego | 92127

**Advanced Novice:** Mon - Thurs | 4:30-5:30pm

*\*Ages 12 & Over Only /Must Know All Strokes*

**EVENTS:**

No Swim week of July 1-July 5

Dive Practice: TBD

Meets: TBD

- **SCHEDULE SUBJECT TO CHANGE AT ANY TIME. NO REFUNDS**

Circle One

Participant Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Age \_\_\_\_\_ Beginner / Advanced

Participant Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Age \_\_\_\_\_ Beginner / Advanced

Participant Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Age \_\_\_\_\_ Beginner / Advanced

Parent Name: \_\_\_\_\_ Cell. Number: \_\_\_\_\_ Email: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_ EpiPen: Yes / No

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, Inc or Rancho Arbolitos LLC 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.; In consideration of having the opportunity to participate as either a team member or competitor at any 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 Team Inc., Rancho Arbolitos Swim Tennis LLC 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 Printed Name: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Dated: \_\_\_\_\_