



SUMMER SWIM TEAM

June 10 – August 16

LOCATION | 14343 Silverset Street | Poway | 92064

ALL AGES

MORNING

- Beginner Novice:** Mon - Thurs | 10:00-10:30am
- Advanced Novice:** Mon – Thurs | 9:00-10:00am

13 & OVER

AFTERNOON

Minimum requirements need to be met. Please contact Kiersten@pacificswim.com to inquire about location, schedule and availability.

- Full/ 9 Weeks \$600**
 - Any 4 Weeks \$300**
- * Any Additional \$80/week**

Week _____ Week _____
 Week _____ Week _____
 Week _____ Week _____

EVENTS:

No Swim week of July 1-July 5

*Meets @ Del Norte High School: June 29
August 3

*\$20 meet fee paid at event

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 _____ 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 Name: _____ Signature _____ Dated: _____

PAYMENT OPTIONS



payment@pacificswim.com



Card # _____

Exp Date: _____ CVC _____ Billing Zip: _____

Please note there is a 3% transaction fee for cc payments

No Refunds



Check Payment to:

Pacific Swim

14343 Silverset Street

Poway, CA 92064