



SPRING SEASONAL SWIM

This is a 7-week developmental program. It is ideal for entry level swimmers and designed to introduce swimmers into the competitive scene. **We focus on stroke technique, diving, endurance, positive self image and of course...FUN.**

MARCH 19 - MAY 5

Swimmer must be able to swim 3/4 of the length of the pool.

PROGRAM FEES

| | | |
|--------------|------------|-------|
| Members: | 1st child: | \$230 |
| | 2nd child: | \$205 |
| | 3rd child: | \$185 |
| Non-Members: | | \$275 |

PRACTICE TIMES

MONDAY, WEDNESDAY, FRIDAY

6:00PM-7:00PM

SATURDAY MORNING

10:00AM-11:00AM

Register with the Conceirge or call the Swim Department 985.626.3706 ext. 104

FALL SEASONAL PROGRAM REGISTRATION FORM

Please complete the form and return to PAC Concierge.

| | | | | | | |
|--------------|--------------|------------------|-------------|-------|--------|---------------|
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| Child's Name | (First Name) | (Middle Initial) | (Last Name) | Age | Gender | Date of Birth |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| Child's Name | (First Name) | (Middle Initial) | (Last Name) | Age | Gender | Date of Birth |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| Child's Name | (First Name) | (Middle Initial) | (Last Name) | Age | Gender | Date of Birth |

The contact information (below) will also be used as the emergency contact unless otherwise specified.

Parent /Guardian's Name _____

Street Address _____

City _____ State _____ ZipCode _____

Phone numbers (circle best)

Home _____ Work _____ Cell _____

Email _____

We will be using text messaging to send you important information. We will be using the cell phone number above unless otherwise noted.

_____ Agree _____ Disagree Please list cell phone # you would like us to use: _____

I accept full responsibility for my use of any and all apparatus, appliances, facility privilege or service whatsoever, owned and operated by this club, directors, officers, employees, representatives and agents harmless from any and all loss, claim, injury, damage or liability sustained or incurred by myself, my family or others under my supervision or control resulting therefrom. In addition, I agree that the above information is accurate and complete. I also understand and acknowledge that photos/videos may be taken for publicity/marketing purposes and give my authorization for any and all photos or video footage of myself, or of my minor child to be used in this fashion.

Signature _____

Date _____

Information below is to be filled out by PAC Concierge ONLY.

PROGRAM INFORMATION: Members

_____ @ \$230 (1st Child) CODE 14444

_____ @ \$205 (2nd Child) CODE 14445

_____ @ \$185 (3rd Child) CODE 14447

PROGRAM INFORMATION: Non-Members

_____ @ \$275 (Per Child) CODE 14446 _____ Scan Card #

Equipment fees are the same as member equipment fees.

Email us at
swim@thepac.com
if you are interested in
purchasing suits or
goggles.

PAYMENT INFORMATION:

Completed by PAC Concierge ONLY.

Amount Due _____

Amount Paid _____

Method of Payment:

CHECK, CREDIT CARD, CASH,

Ck# _____

Payment Accepted By: _____