

# Fall SWIM

SEASONAL

Sept. 10 - Oct. 26



SWIM  
PAC

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

## PRACTICE TIMES

MONDAY, WEDNESDAY, FRIDAY

6:30 PM - 7:30 PM

SATURDAY MORNING

10:00 AM - 11:00 AM

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

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 \_\_\_\_\_

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

@ \$210 (1st Child) CODE 14444

@ \$190 (2nd Child) CODE 14445

@ \$175 (3rd Child) CODE 14447

PROGRAM INFORMATION: Non-Members

@ \$255 (Per Child) CODE 14446 \_\_\_\_\_ Scan Card #

Equipment fees are the same as member equipment fees.

PAYMENT INFORMATION:

**Completed by PAC Concierge ONLY.**

Amount Due \_\_\_\_\_

Amount Paid \_\_\_\_\_

Method of Payment:

CHECK, CREDIT CARD, CASH,

Ck# \_\_\_\_\_

Payment Accepted By: \_\_\_\_\_