



San Diego Aquatic Club Learn To Swim Registration Form



Participant's Name: _____ Birthdate _____ Age: _____

Parent's Name: _____ Email: _____

Address: _____ Phone (H): _____

City / Zip Code: _____ / _____ Phone (W): _____

Checks Only: Payable to SDAC (San Diego Aquatic Club)

REFUND POLICY: NO REFUNDS NO MAKE-UPS NO CREDITS

Emergency Procedures:

In case of an emergency, the following person can be contacted:

Name: _____ Phone (H): _____
Phone (W): _____
Phone (C): _____

NOTE: In case of pool closure due to lightning, or fecal accident, there are no refunds, no credits, no make-ups no rec. swim passes given.

THE SCHOOL DISTRICT MAY NOT BE HELD LIABLE FOR ANY ACTIVITY TAKING PLACE AT THE RB POOL

-----For Office Use Only -----

SESSION# _____ LESSON TIME _____ LEVEL _____

SESSION# _____ LESSON TIME _____ LEVEL _____

SESSION# _____ LESSON TIME _____ LEVEL _____

CHECK# _____ AMOUNT \$ _____

