



SAN DIEGO AQUATIC CLUB, INC. (SDAC) SUMMER SWIM TEAM REGISTRATION FORM

www.swimsdac.com

Please complete one form per swimmer (please print)

Last Middle First

Swimmer's Mailing Address: _____

Home Phone Number: _____ Swimmer's E-mail address: _____ Swimmer's Cell Phone Number: _____

Birthday: ____/____/____
(mm/dd/yy)

Age: _____

- New SDAC Swimmer
 Returning SDAC Swimmer

School & District: _____ Grade Level: _____

Are you currently a member of USA Swimming?
 Yes
 No

Please list your previous swim team(s):

Family Information

Father's Name _____ Mother's Name _____

Employer _____ Employer _____

Job Title _____ Job Title _____

Work/Cell Phone _____ Work/Cell Phone _____

Preferred Family E-mail address*:

* Important for team news and notification of schedule changes. Please supply an e-mail address that is checked on a regular basis.



Cost: \$230 per swimmer

Checks only please. Checks made payable to SDAC.

Team Joining: please check one

- Team Baracuda 10:30 - 11:30 am**
- Team Marlin 4:00 - 5:00 pm**

Each team meets Monday through Friday.
Please note: you may only sign up for one team.

Release of Liability. Parent hereby releases SDAC, its employees, officers, directors and volunteers and any facility used by SDAC from any liability arising out of any injury to the swimmers which may occur while the swimmer(s) is/are participating in the SDAC swim program, including, but not limited to, practices, meets, travel trips, and other team activities, or while the swimmer(s) is/are using facilities owned, leased or used by SDAC.

Signature of Parent/Guardian Date_____

Signature of Parent/Legal Guardian (if participant is under 18 years old)

Date

Please note: In case of pool closure due to lightning or fecal accident, no refunds, credits, make-ups, or rec swim passes will be given. Thank you for your understanding.

The school district may not be held liable for any activity taking place at RB pool.