

Spring 2010 Program Registration

Participants Name _____ Birthdate _____
 Age _____
 Parent's Name _____
 Address _____
 City & Zip Code _____
 E-Mail Address _____
 Phone Number _____

Are you a member of our club? Yes No (circle one*)
 *Members must present membership ID card upon registration.

How did you hear about our swim program? _____
 (Please check appropriate box)

Group	<input type="checkbox"/>	Pro-Rate	<input type="checkbox"/>
Private	<input type="checkbox"/>	Yes	No
Semi-Private	<input type="checkbox"/>	(circle one)	
Team School	<input type="checkbox"/>	Start date	_____
Competitive	<input type="checkbox"/>	Lesson confirmed?	Yes No

(circle one)

(Please circle the appropriate day)

Sunday Monday Tuesday Wednesday
 Thursday Friday Saturday

Class Time _____
 Class Name _____
 Instructor _____
 Registration Fee _____
 Lesson Rate _____
 Total Amount Paid _____

I understand that REFUNDS ARE NOT AVAILABLE. I have read, understand and will follow the special instructions for swim lessons and/or competitive programs. I will explain them in detail to my child.

Parent's Signature _____ Date _____

Staff Signature _____ Date _____

Please Note: Any pictures of program participants taken while attending Medford Sports Club's programs may be used for promotional purposes unless written notice to the contrary is received from the parents. No financial remuneration is available should such pictures be used.

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