

**HEARTLAND SUMMER SWIM LEAGUE
2009 APPLICATION**

Summer League Season June 22 – August 8

PO Box 12936 El Cajon, CA 92022

Phone (619) 593-9252 ext. 4

www.heartlandswim.org

*****PLEASE CIRCLE SUMMER LEAGUE POOL PREFERENCE*****

EL CAJON EL CAPITAN GROSSMONT LA MESA MONTGOMERY
SANTANA VALHALLA 1 VALHALLA 2 RAMONA
(at Grossmont) (at Grossmont)

Previous Summer League Participant New to Summer League

Father's Name: _____
Last First

Father's Address: _____
Street City Zip

Father's Phone #: _____
Home Work Cell Email Address

Mother's Name: _____
Last First

Mother's Address: _____
Street City Zip

Mother's Phone #: _____
Home Work Cell Email Address

Swimmer 1 _____
First MI Last DOB - - Age M or F T-Shirt Size _____

Swimmer 2 _____
First MI Last DOB - - Age M or F T-Shirt Size _____

Swimmer 3 _____
First MI Last DOB - - Age M or F T-Shirt Size _____

Please signify youth or adult size

ADDITIONAL PRESEASON PROGRAM June 1 - June 11 COST: \$60.00 PER SWIMMER

CIRCLE PRE-SEASON POOL CHOICE

EL CAJON GROSSMONT
(4:00 – 5:00 PM) (4:00 – 5:00 PM)

REGULAR SEASON June 22 – August 8

\$175.00 1st swimmer in family

\$165.00 2nd swimmer in family at same address

\$135.00 each additional swimmer in family at same address

Total fees \$ _____

LESS \$10.00 discount- *per swimmer*- if FULL PAYMENT is received in HSA office by June 12 \$ _____

Plus PRE-SEASON session June 1 – June 11 (no discounts) \$ _____

TOTAL AMOUNT ENCLOSED \$ _____

A confirmation postcard will be mailed to you.

CK# _____

REFUND POLICY- June 22-27 Full Refund. June 28-July 11 \$50 processing fee. After July 12 NO REFUND

**FOR COMPLETE REGISTRATION PROCESS PLEASE ENCLOSE FULL FEE
AND COMPLETED WAIVER (ON REVERSE) WITH COMPLETED APPLICATION**

HEARTLAND SWIMMING ASSOCIATION
Summer League Application

Waiver / Release of Liability
2009

READ CAREFULLY BEFORE SIGNING

I, _____, the enrolled participant and/or the parent/guardian of the participant agree and understand that swimming is a HAZARDOUS activity. I recognize that there are risks inherent in the sport of swimming including and not limited to paralyzing injuries and death.

The participant hereby agrees to participate in the (Heartland Summer League) and hereby agrees to indemnify and hold harmless (The Heartland Swimming Association), its coaches, officers, directors, agents and employees against any liability resulting from any injury that may occur to the participant while participating in the Heartland Summer League or following programs (Pre-season Swim). The participant also agrees to indemnify Heartland Swimming Association from any damages incurred arising from any claims, demand, action, or cause of action by the participant.

Medical Information

Doctor's Name _____ Phone Number _____

Health Insurance Co _____ Policy # _____

Emergency Contact _____ Phone Number _____

The participant authorizes any representative of the Heartland Swimming Association to have the participant treated in any medical emergency during their participation in the program. Further, the participant and/or parent/guardian agree to pay all costs associated with medical care and transportation for the participant.

I have noted at the bottom of this form any medical/health problems of which the staff should be aware.

I HAVE CAREFULLY READ THE ABOVE LIABILITY RELEASE AND SIGN IT WITH FULL KNOWLEDGE OF ITS CONTENTS AND SIGNIFICANCE.

Signed: _____ Date: _____
(Parent or Guardian)

Coaches – Please be aware of the following ongoing medical conditions or allergies:
