

PLEASE CIRCLE FULL SEASON PROGRAM POOL PREFERENCE

EL CAJON EL CAPITAN GROSSMONT 1 GROSSMONT 2 LA MESA
MONTGOMERY SANTANA VALHALLA 1 VALHALLA 2 RAMONA

---You will be emailed in the event that your first pool choice is unavailable---

**HEARTLAND SUMMER SWIM LEAGUE
2010 APPLICATION**

Summer League Season June 21 – August 7

PO Box 12936 El Cajon, CA 92022 Phone (619) 593-9252 www.heartlandswim.org

Father's Name: _____
Last First

Father's Address: _____
Street City Zip

Father's Phone #: _____
Home Work Cell Email Address—must provide one for confirmation of payment received

Mother's Name: _____
Last First

Mother's Address: _____
Street City Zip

Mother's Phone #: _____
Home Work Cell Email Address—must provide one for confirmation of payment received

Swimmer 1 _____
First MI Last DOB - - Age M or F T-Shirt Size _____
Please signify child or adult size

Swimmer 2 _____
First MI Last DOB - - Age M or F T-Shirt Size _____
Please signify child or adult size

Swimmer 3 _____
First MI Last DOB - - Age M or F T-Shirt Size _____
Please signify child or adult size

ADDITIONAL PRESEASON PROGRAM June 7 - June 16 COST: \$65.00 PER SWIMMER

CIRCLE PRE-SEASON POOL CHOICE

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

REGULAR SEASON June 21 – August 7

\$180.00 for 1st swimmer in family

\$170.00 2nd swimmer in family at same address

\$140.00 for 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 11 \$ _____

Plus PRE-SEASON session June 7 – June 16 (no discounts) \$ _____

TOTAL AMOUNT ENCLOSED \$ _____

CK# _____

REFUND POLICY- June 21-26 Full Refund. June 27-July 10 \$50 processing fee. After July 10 NO REFUND.

**TO STREAMLINE REGISTRATION PROCESSING
PLEASE ENCLOSE FEE (S) AND COMPLETED WAIVER WITH COMPLETED APPLICATION**

HEARTLAND SWIMMING ASSOCIATION

Summer League Application

Waiver / Release of Liability 2010

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:
