

HEARTLAND SUMMER SWIM LEAGUE

2011 APPLICATION

Summer League Season June 20 – August 6

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 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 for confirmation of payment received

Please Circle Directly Below Your Full Season Program Pool Preference for Swimmer

EL CAJON EL CAPITAN GROSSMONT 1 (am) GROSSMONT 2 (pm)
LA MESA 1 (ages 6-12) LA MESA 2 (ages 6-18) MONTGOMERY
SANTANA VALHALLA 1 VALHALLA 2 RAMONA

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

REGULAR SEASON June 20 – August 6—Same cost as 2010

\$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

Additional Pre Season Program June 6 - June 14 Cost: \$65.00 per swimmer

Same cost as 2010

Circle Pre-Season Pool Choice
EL CAJON GROSSMONT
(3:30 – 4:30 PM) (4:00 – 5:00 PM)

Regular Season Total fees \$ _____

LESS \$10.00 discount- *per swimmer*- if FULL PAYMENT is received in HSA office by June 1st \$ _____

Plus PRE-SEASON session June 6 – June 14 (no discounts) \$ _____

TOTAL AMOUNT ENCLOSED \$ _____

Program must be paid in full to register

CK# _____

REFUND POLICY- June 20-24 Full Refund. June 25-July 1 less \$75 processing fee. After July 1 NO REFUND.

**FOR COMPLETE REGISTRATION PROCESSING
PLEASE ENCLOSE FEES AND COMPLETED WAIVER ON PAGE 2 WITH COMPLETED APPLICATION**

HEARTLAND SWIMMING ASSOCIATION

Summer League Application

Waiver / Release of Liability 2011

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:
