

Heartland Swimming Association Fall Special

September 7 - December 12, 2010

Includes opportunity to swim in 5 meets

Ages 12 & under at El Cajon Valley High School
Practices M-Tu-Th-F (No practice on Wednesdays)

Monday and Friday 5:00-6:30 pm

Tuesday and Thursday 5:45-7:15 pm

Ages 13 & over at Grossmont High School

Monday through Friday 5:30-7:30 pm

**All swim practices are subject to changes due to HS Water Polo games and practices.

Ramona at San Vicente Country Club Pool

Ages 12 & under M-F 4:30-6:00 PM Ages 13 & over M-F 3:00-5:00 PM

Cost: \$250.00 (checks payable to Heartland) **and \$57 for a USA Swim Card, payable to SDI** (San Diego/Imperial Swimming)

Note: USA Swimming registration form and \$57 payment must be submitted to USA Swimming within the first two weeks. If you have not previously had a USA swimming card you will be required to show proof of age (original birth certificate or passport) to a USA Swimming representative. For your convenience a representative will be at the El Cajon pool on Tuesday, September 14th from 5:00-6:30 pm. USA swim cards will be valid through December 2011.

Registration directions:

1. Fill out Heartland Registration application completely
2. Enclose \$250.00 payable to Heartland Swim (HSA)
3. To **secure your spot please mail** application and payment to:

Heartland Fall Special

PO BOX 12936

El Cajon, CA 92022

Or you can bring registration and payment on the first day of the Special. Space is limited and priority will be given to those who have pre-registered and paid.

Heartland Office (619) 593-9252 website: www.heartlandswim.org

Email: rebecca.gray@heartlandswim.org

HEARTLAND SWIM 2010 Fall Special Application

September 7th - December 12th, 2010

Cost: \$250.00 payable to HSA and \$57 for a USA Swim Card, payable to SDI (San Diego-Imperial Swimming) If registering for the first time with USA Swimming athlete must provide original or certified copy of birth certificate for proof of age upon registration. Birth certificate will be returned to you. You must submit SDI payment and application to their office, either by mail or in person.

Please Print

Father's Name: _____
Last First

Father's Address: _____
Street City Zip

Father's Phone #: _____
Home Work Cell Email Address **must provide at least one email address*

Mother's Name: _____
Last First

Mother's Address: _____
Street City Zip

Mother's Phone #: _____
Home Work Cell Email Address **must provide at least one email address*

Swimmer 1 _____
Legal name: First MI Last DOB ____ - ____ - ____ Age ____ M or F

Goes by _____ Swimmer cell _____ Swimmer email _____

School _____ Grade _____

Swimmer 2 _____
Legal name: First MI Last DOB ____ - ____ - ____ Age ____ M or F

Goes by _____ Swimmer cell _____ Swimmer email _____

School _____ Grade _____

In case of emergency, I hereby authorize medical attention for my child as deemed necessary by an employee and/or officers of Heartland Swimming Association and further remove from liability any employees and/or officers of Heartland for facilitating said treatment.

Doctor's Name _____ Phone Number _____

Health Insurance Co _____ Policy # _____

Emergency Contact _____ Phone Number _____

Coaches- Please be aware of the following on-going medical conditions or allergies: _____

Authorized signature _____

(Parent or Legal Guardian)

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

Office use only

Check # _____ Amount pd \$ _____ Date: _____ Reviewed by: _____