

# Heartland Swimming Association Fall Special

September 6 - December 11, 2011

Includes opportunity to swim in 5 meets

**Ages 12 & under** at El Cajon Valley High School

Monday, Wednesday, and Friday 5:00-6:30 pm

Tuesday 5:30-7:00 pm

No practice on Thursdays

**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, 24157 San Vicente Rd.

Ages 10 & under M-F 5:00-6:00 PM

Ages 11 & 12 M-F 4:30-6:00 PM

Ages 13 & over M-F 3:00-5:00 PM

**Cost: \$255.00** (checks payable to Heartland) **and \$58 for a USA Swim Card, payable to SDI** (San Diego/Imperial Swimming)

Note: USA Swimming registration form and \$58 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 Thursday, September 15<sup>th</sup> from 5:00-6:30 pm. USA swim cards will be valid through December 2012.

## Registration directions:

1. Fill out Heartland Registration application completely
2. Enclose \$255.00 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.

Please check our website for updates and current information throughout the Fall program.

Heartland Office (619) 593-9252 website: [www.heartlandswim.org](http://www.heartlandswim.org)

Email: [rebecca.gray@heartlandswim.org](mailto:rebecca.gray@heartlandswim.org)

# HEARTLAND SWIM 2011 Fall Special Application

September 6<sup>th</sup> - December 11<sup>th</sup>, 2011

**Cost: \$255.00 payable to HSA and \$58 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 paid \$ \_\_\_\_\_ Date: \_\_\_\_\_ Reviewed by: \_\_\_\_\_