

Hydro-Sonic Tiburones 2007-2008 Registration

P.O. Box 2155 Montgomery Village, MD 20886
240-683-TIBU FAX 240-683-8429 www.swimtibu.com

Swimmer(s) Information:

					(circle program)
1. _____	Birth date: _____	Middle Initial: _____	Program: SR JR HS JD SC		
2. _____	Birth date: _____	Middle Initial: _____	Program: SR JR HS JD SC		
3. _____	Birth date: _____	Middle Initial: _____	Program: SR JR HS JD SC		
4. _____	Birth date: _____	Middle Initial: _____	Program: SR JR HS JD SC		

Contact Information: (PLEASE PROVIDE BOTH PARENTS/GUARDIANS)

Parent/Guardian 1 _____ Relationship to swimmer: _____
 Parent/Guardian 1 Number: (home) _____ (cell) _____
 Parent/Guardian 2 _____ Relationship to swimmer: _____
 Parent/Guardian 2 Number: (home) _____ (cell) _____
 Please list any other adult who will be picking up or dropping off swimmer(s): _____
 Mailing Address _____ City: _____ State: _____ Zip : _____
 Email Addresses: (normally swimmers have their own emails; please include them, **print clearly**)
 Parents: _____ Swimmer 1: _____
 Swimmer 2: _____ Swimmer 3: _____

Referred by: _____ **Summer Team:** _____ **HS Team:** _____
T-Shirt Size: YS YM YL AS AM AL AXL (circle one)

I personally, and on behalf of my spouse, heirs, executors, administrators and/or assigns, and any of my children participating in the Hydro-Sonic, LLC swimming program, do hereby agree to forever release and hold harmless Hydro-Sonic, LLC, its Members, officers, agents and employees, from and against any and all claims, losses, damages, injuries (including death), actions or causes of actions that may arise as a result of my child's or children's participation in any Hydro-Sonic, LLC swim program-related activity including, but not limited to, practices, meets, clinics, etc. (including travel to and therefrom), regardless of cause.

Signature: _____

Payment Information:

	Cost	Early Bird* (-5%)	Split 2 payments	Monthly 4 payments	Your Costs:
(SR) Senior Competition	\$1290	\$1225	\$645	\$338	Swimmer 1: _____ (most expensive)
(JR) Junior Competition	\$990	\$940	\$495	\$260	Swimmer 2: _____ (less 5%)
(HS) High School Prep	\$930	\$885	\$465	\$244	Swimmer 3: _____ (less 10%)
(JD) Junior Development	\$550	\$523	\$275	\$145	Swimmer 4: _____ (less 15%)
(SC) Stroke Clinic	\$200	n/a	n/a	n/a	Total Cost _____

Stroke Clinic #2 12/1- 2/16 Stroke Clinic #3 2/23- 5/3 5pm 6pm (circle session and time preferred)

**In order to receive the early bird discount, full payment must be received in the office by 11/30/2007
 All registration received after 11/30/2007 will be accepted at full program cost only.
 Payment plan installments received late will be subject to a \$15 late fee.
 Senior and Junior Competition team cost includes all meet entries fees.
 HS Prep and Junior Development swimmer may participate in meets. Meet fees and PVS Registration are additional.*

Make Checks Payable to: Hydro-Sonic Tiburones

Credit Card Information: Unless you pay in full with this registration, you must provide credit card information. Your card will be charged for any installment that is late. **SWIMMERS MAY NOT PRACTICE UNTIL THIS INFO IS FILED.**

CC Type: Visa/ MC /AMEX /DIS CC#: _____ Exp. _____
 Amount: _____ Name on card: _____

Office Use Only

Date	Amount paid	Payment type	Outstanding	notes