

Hydro-Sonic Tiburones Registration

Stroke & Technique Clinic 2009-10

PO Box 2155 Montgomery Village, MD 20886

240-683-TIBU * FAX 240-683-8429

www.swimtibu.com * info@swimtibu.com

Swimmer(s) Information:

To ensure timely processing fill out completely,
circle session day and time desired.

1. Name: _____ M / F Session: 2 / 3
Birth date: ___/___/___ Age: ___ Level: Novice/ Intermediate/Advanced

2. Name: _____ M / F Session: 2 / 3
Birth date: ___/___/___ Age: ___ Level: Novice/ Intermediate/Advanced

Saturday 4:30pm Sunday 1:00pm

Contact Information: (PLEASE PROVIDE BOTH PARENTS/GUARDIANS)

Parent/Guardian 1 _____

Phone Number: (home) _____ (cell) _____

Parent/Guardian 2 _____

Phone Number: (home) _____ (cell) _____

Mailing Address _____

City: _____ Zip: _____

Email Addresses (VERY IMPORTANT Print):

Medical Information:

Please list any allergies or a medical condition which may require emergency treatment, as well as any learning disabilities your child has; this information helps our instructors to better teach your child.

Payment Information:

Make Checks Payable to: Hydro-Sonic Tiburones

Credit Card Information: CC Type: Visa/ MC /AMEX /DIS

CC#: _____ Security Code _____ Exp. _____

Amount: _____ Name on card: _____

Total Payment:

___ Sessions x \$200 = \$ _____ Amount Enclosed

Clinic Levels:

- **Novice** : Child must put face in water and float independently (on front or back) and be comfortable in water over their head to enter this level.
- **Intermediate**: Child must be able to swim 15 m. of freestyle with reasonable side breathing and backstroke, and child must be at least 5 years old to enter this level.
- **Advanced**: Child must be able to swim continuous laps and know all 4 strokes even if they are not all legal to enter this level.

Clinic Schedule:

Time: Saturday 4:30-5:30pm
Sunday 1-2:00pm

Ages: 5-12 years old

Location: Quince Orchard Bubble

Days: Saturday, Sunday

Total classes: 10 - 1 hour classes

Cost: \$200

Dates:

Session 2: Dec 5/6 – Feb 13/14

Session 3: Feb 20/21 – May 1/2

*Please email, mail or fax registration to Hydro-Sonic Tiburones.

An e-mail confirmation will be sent once the registration is processed.

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 from), regardless of cause.

Signature _____ Date _____

Office Use Only

Date	Amount paid	Payment type	Confirmation