

FOR OUR USE	
Registrant's ID:	

## DOUBLETIME Swim Club

### Registration Form (don't forget the Waiver form)

Athlete's Information

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_ Sex \_\_\_\_\_

Date of Birth (mm/dd/yyyy): \_\_\_\_\_ Age \_\_\_\_\_

Address: \_\_\_\_\_

Apt./Unit \_\_\_\_\_ City \_\_\_\_\_ Postal Code \_\_\_\_\_

Parent's Name \_\_\_\_\_ Bus# \_\_\_\_\_ Cell # \_\_\_\_\_

Additional Contact Name \_\_\_\_\_ Bus# \_\_\_\_\_ Cell # \_\_\_\_\_

E-mail \_\_\_\_\_ Home Phone # \_\_\_\_\_

Conditions that might affect the athlete's ability to swim. Please list all:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please indicate the season, days of the week, and the time that fits your schedule better.

Our available schedules and locations can be found on our website:

<http://doubletimeswimclub.com/index.php/schedule/>

Season:

Sep – Dec

Dec – Mar

Mar - Jun

Monday	Start time _____	End Time _____	1 time(s) / week	\$150 / Month
Tuesday	Start time _____	End Time _____	2 time(s) / week	\$250 / Month
Wednesday	Start time _____	End Time _____	3 time(s) / week	\$300 / Month
Thursday	Start time _____	End Time _____	4 time(s) / week	\$330 / Month
Friday	Start time _____	End Time _____		
Saturday	Start time _____	End Time _____		

Make Sure to sign our Waiver form and e-mail together with the registration form. This registration form is VOID if sent without the duly filled out and signed waiver.

I confirm that I am legally allowed to sign on behalf of the athlete and have read and signed the waiver form.

\_\_\_\_\_  
Signature of Athlete or Parent / Guardian

\_\_\_\_\_  
Date