

PLEASANTON VALLEY CLUB (PVC)

Spring 2012 Stroke and Turn

March 5, 2012 to April 12th, 2012
Monday, Wednesday & Thursday
Times TBD depending on ages of children and swim ability

Cost: \$95.00 Members and \$140.00 for Non Members.

Applications will be accepted on first come first serve basis. Apply early to avoid waitlist. All applications are due by Friday February 24th 2012.

NO REFUNDS
Mail check made out to PVC and send to:
Kelly Bammer
1743 Greenwood Rd.
Pleasanton, CA 94566

Any Questions, call Kelly 426-0193

All swimmers must swim one lap of free and back. This is not a "learn to swim clinic." If you have doubts about whether or not your child qualifies for this clinic please call me and we can discuss it. (Kelly 426-0193).

Coach will determine final eligibility.

All portions of this form must be completed and the amount paid in full to be registered in this Stroke and Turn Clinic. The only form of payment for this Clinic will be by check.

PLEASE PRINT LEGIBLY!!

PVC Member Number _____

Swimmer Information:

Last Name(s) First Name(s) Date of Birth: Age

1.) _____

2.) _____

3.) _____

4.) _____

Address: _____ City: _____ Zip: _____

Home Phone: _____

e-mail: _____

Parent Information

Father's Name: _____ Home Phone: _____

Father's Work #: _____ Pager/Cell #: _____

Mother's Name: _____ Home Phone: _____

Mother's Work #: _____ Pager/Cell #: _____

Emergency Contact Information: (person to contact in an emergency)

Name: _____ Relation: _____ Phone: _____

Cell: _____

Family name from first page _____

Swimmer(s) name _____

Insurance & Medical Information

Insurance Company: _____ Member ID#: _____

Insurance Phone #: _____

Physician's Name: _____ Physician's Phone#: _____

Dentist's Name: _____ Dentist's

Phone#: _____

Medical Conditions: Please list any and all conditions, illnesses or information, which the coach should be aware. (If none, please write "None".) _____

Parental Authorization for Participation and Release

I, the undersigned parent or guardian of the above-referenced child(ren) hereby give my authorization and approval for his/her/their participation in any and all activities of the PVC 2012 Stroke and Turn Clinic. I hereby absolve and release Pleasanton Valley Club (PVC), and all persons associated with the Club, of any responsibility or liability for any accident or injury of my child(ren), as a result of his/her/their participation in said activities

Please Initial Here: _____