

Coach On Deck Swimming

WINTER/SPRING 2009 SESSION REGISTRATION

(Please print, complete & fax or mail this form to the address below)

Parent's Names: _____

Address: _____

(City) _____ (ST) _____ (ZIP) _____ Phone: _____

Dad Work Phone _____ Dad Cell _____ Dad E-Mail _____

Mom Work Phone _____ Mom Cell _____ Mom E-Mail _____

In consideration of my child's participation in a Coach On Deck Swimming program, I will be legally bound, do hereby for myself, children, heir, executors, administrators, and assigns waive, release and forever discharge any and all rights and claims for damages which may be sustained and suffered by my children in connection with my travel to and from or participation in any and all activities of Coach On Deck Swimming, including but not limited to all swim sessions, swim meets and meetings.

Parent/Guardian Signature: _____ Date: _____

No child will be allowed to swim without a signed registration form on file. Prior session consent does not apply to current session.

Swimmer # 1: _____ Birthdate: _____

Program: _____ Practice Days-Times: _____

Swimmer # 2: _____ Birthdate: _____

Program: _____ Practice Days-Times: _____

Swimmer # 3: _____ Birthdate: _____

Program: _____ Practice Days-Times: _____

If more than three swimmers, please use a second form and change Swimmer Number(s) to appropriate number.

Swimmer #1 _____ Payment Plan 1 or 2 _____ Cost: _____

Swimmer #2 _____ Payment Plan 1 or 2 _____ Cost: _____

Swimmer #3 _____ Payment Plan 1 or 2 _____ Cost: _____

Quince Orchard Swim Club **Energy Surcharge of \$30.00 per each child registered:** _____

(see our website for further info on this QO surcharge)

Plan 1 = Pay deposit of \$100 + \$30 pool **energy surcharge** per child with Registration - pay balance by 2/15/09.

Plan 2 = Pay deposit of \$100 + \$30 pool **energy surcharge** per child with Registration - pay 3 payments 2/15/08, 3/15/08, 4/15/08.

Total Cost: _____

We accept: Visa or MasterCard or Discover Please underline or circle card being used.

Credit Card #: _____ Validation Num: _____ Exp. Date: _____

(The Visa/MasterCard/Discover Card validation number is the last three numbers in the signature area on back of the card.)

Please see information on our website at www.coachondeck.com regarding credit card payments.

Amount: _____ Name on card _____

If paying by credit card—you may fax your form to us at 301-738-8833 or send to:

If paying by check - send this form along with payment to: **Coach On Deck Swimming, P.O. Box 83490, Gaithersburg, MD 20883**