

# 2010 Swim Team Member Registration Form



Parent/Guardian's Name(s): \_\_\_\_\_ Member # \_\_\_\_\_

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

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

First Child's Full Name: \_\_\_\_\_ MI \_\_\_\_\_

We need middle initials for registration

Second Child's Full Name: \_\_\_\_\_ MI \_\_\_\_\_

Third Child's Full Name: \_\_\_\_\_ MI \_\_\_\_\_

## SCHEDULE:

### Fall Session September 13-December 17, 2010

Group 1	M-F 3:30-4:15 PM	\$400
Group 2	M-F 4:15-5:30 PM	\$440
Group 3	M-F 5:30-6:45 PM	\$440

Below, please circle the group you would like to register your child for. If you having any grouping questions please contact Mean Mike at [mike@northbayaquatics.org](mailto:mike@northbayaquatics.org).

Name: \_\_\_\_\_ Birth date \_\_\_/\_\_\_/\_\_\_ GROUP: I II III

Name: \_\_\_\_\_ Birth date \_\_\_/\_\_\_/\_\_\_ GROUP: I II III

Name: \_\_\_\_\_ Birth date \_\_\_/\_\_\_/\_\_\_ GROUP: I II III

Total member charge amount \$ \_\_\_\_\_

I understand that no refunds will be given for NBA Swim Team after 4:00 p.m. on September 17, 2010. I further understand that there will be no credits given for NBA Swim Team. **Rates will not be prorated for those swimmers who opt to attend less than the full workout schedule.**

\_\_\_\_\_  
Parent/Guardian Signature



\_\_\_\_\_  
Contact Phone Number

\_\_\_\_\_  
Alternate Contact Number