

2010 Swim Team Non-Member Registration Form



NORTHBAYAQUATICS

Parent/Guardian's Name(s): _____

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	\$492
Group 2	M-F 4:15-5:30 PM	\$542
Group 3	M-F 5:30-6:45 PM	\$542

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.

Name: _____ Birth date ___/___/___ GROUP: I II III

Name: _____ Birth date ___/___/___ GROUP: I II III

Name: _____ Birth date ___/___/___ GROUP: I II III

Total 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.**



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Parent/Guardian Signature

Contact Phone Number

Alternate Contact Number