

Premier Aquatics
CHAMPIONSHIP SPEED CLINIC Registration Form
June 25, 26 and 28

Swimmer's Full Name: _____
last first M.I. nickname

Birthdate: _____ M / F Current Age: _____
(month/day/year)

Parent's Name: _____

Address: _____ City: _____ Zip: _____

Home #: _____ Work#: _____ Cell#: _____ Email: _____

School: _____ Subdivision: _____ Grade: _____

Person to be called in an emergency (if parent can not be reached):

Name: _____ Day Phone#: _____ Evening Phone #: _____

How did you hear about PACK? _____ Summer League Team: _____

Have you ever been a registered USA swimmer?

- Yes If so, which team did you swim for? _____
- No

Waiver and Release

I, the parent/guardian of the swimmer, a minor ("child"), recognize the possibility of physical injury associated with swimming and swimming pools. In consideration for Premier Aquatics Club accepting the child for its swim programs and any related activities (the "Programs"), I hereby release, discharge and/or otherwise agree to indemnify the Premier Aquatics Club swim team, its coaches, board members, volunteers, the Klein Independent School District, and any affiliated organizations and sponsors, their employees and associated personnel, including owners of pools and facilities utilized for the Programs, against any claim by or on behalf of the swimmer/child and other children (child) or parents/guardians as a result of the child's attendance at or participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize. Premier Aquatics Club may post team photos on the www.PackSwimming.com website. These photos include various team activities and will not feature or identify any individual swimmer. I understand that participation in functions hosted by Premier Aquatics Club gives the team permission to post these photos.

Name: _____ (Parent/Legal Guardian – Please Print)

Signature: _____ Date: _____

This is a Championship Clinic to prepare for end of season invitational meets. This is not a learn-to-swim clinic. Swimmers should already know the stroke they sign up for.

Fees per swimmer: \$30 for 1 Day. \$55 for 2 Days. \$70 for all 3 Days

Check Clinic Attending – Klein Oak HS:	Amount Paid	Check # or Cash
Mon, June 25 th – Free & Back	_____	_____
Tues, June 26 th - Breast	_____	_____
Thurs, June 28 th - Fly	_____	_____

Payments and forms can be mailed to PACK, PO Box 11108, Spring, TX, 77391.