



# Registration Form

Please return to:

Streamline Swim Clinic  
134 Moffat Rd  
Newton, MA 02468-1132

Parent / Guardian Name: (last) \_\_\_\_\_ (first) \_\_\_\_\_

Parent / Guardian Name: (last) \_\_\_\_\_ (first) \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

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

Daytime Phone Number \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Phone Number: \_\_\_\_\_

If you are signing up two or more children for the clinic, please fill out a separate sheet for each child. The Guardian information only needs to be filled out once.

Swimmer's Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Gender: M F Age (as of July 6<sup>th</sup>): \_\_\_\_\_ Grade: \_\_\_\_\_

Adult T-Shirt Size: XS S M L XL

I give permission for my child to be photographed or videotaped. This is for the use of underwater videotaping. It will only be seen by the coach and the swimmers. It is for the sole use of stroke critique.

Please sign: \_\_\_\_\_ Please Print: \_\_\_\_\_

I \_\_\_\_\_, the legal guardian of \_\_\_\_\_ authorize Streamline Swim Clinic and all those associated with the Swim Clinic to administer general first aid treatment for any minor injuries received by my child during the clinic. If the injury sustained is life threatening or needs emergency treatment, I authorize Streamline Swim Clinic or its representatives to summon any or all professional personnel to attend to, transport, or treat my child. If the injury sustained requires hospitalization, I understand that my medical insurance company or I is solely responsible for all bills and claims that may be filed as a result of the injury. By signing this medical release form, I further understand that I will not file any civil liability lawsuit against Streamline Swim Clinic or its representatives as a result of any injury sustained by my child during the swim clinic.

**Each week of the Streamline Swim Clinic costs \$375. The Clinic also offers several discounts to those who are eligible.**

Early Application – Mail the registration forms before May 1st, and you will receive a \$25 discount

Family Discount – Parents who wish to sign up more than one of their children will be offered a discount of \$25 for each of two or more children.

Multiple Week – A discount of \$25 is offered to children who enroll in more than one week.

Please Fill out and circle where applicable in the chart below. We expect the clinic to fill quickly so please return the application as soon as possible.

	No of Children	Regular Session	Early App Discount	Family Discount	Multiple-Week Discount	Week Total
<b>Week 1:</b> July 6 <sup>th</sup> to July 10 <sup>th</sup>	_____	375	-25	-25	-25	_____
<b>Week 2:</b> July 13 <sup>th</sup> to July 17 <sup>th</sup>	_____	375	-25	-25	-25	_____
<b>Week 3:</b> July 20 <sup>th</sup> to July 24 <sup>th</sup>	_____	375	-25	-25	-25	_____
<b>Week 4:</b> July 27 <sup>th</sup> to July 31 <sup>st</sup>	_____	375	-25	-25	-25	_____
<b>Week 5:</b> August 3 <sup>rd</sup> to August 7 <sup>th</sup>	_____	375	-25	-25	-25	_____
<b>Week 6:</b> August 10 <sup>th</sup> to August 14 <sup>th</sup>	_____	375	-25	-25	-25	_____
					Summer Total:	<input type="text"/>

Please check one:  I am paying in full today  
 I am paying only the deposit today and agree to pay the rest of the fee one month prior to my child's first week. The deposit is \$75 per child per week.

I have paid thus far:   
and still owe:

**A non-refundable deposit of \$75.00 per child per week is required with the Application.**

If you prefer, you can pay the full amount upfront so that you do not have to write another check later in the season. The deposit is only to secure a position at the clinic. If you choose to only pay the deposit now, the full payment will need to be paid one month before the first week of the clinic. For more information, check the website [www.StreamlineSwimClinic.com](http://www.StreamlineSwimClinic.com).

Please make checks payable to: **Streamline Swim Clinic**

Mail registration and check to: Streamline Swim Clinic  
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