

✚ Swimmer Information *(Please provide valid email address and phone numbers for communication purposes)*

- Current Swimmer** at Calphin **Return Swimmer**; Last Enrollment (mm/yy): _____
 New Swimmer ~~~~~ All Fields Required ~~~~~

Swimmer	Name (First Last)	Skill Level	Sex	Birthday	Home Address
#1					
#2					
#3					
Parent Name		Home Phone- <i>Required</i>	Daytime Phone		Email Address -<i>Required</i>
			cell / work		

✚ Pool Location and Schedule *(please write down 1st and 2nd choices for better scheduling)*

<p>Sunnyvale Pool <i>(South Bay)</i></p> <p>Fremont High School 1279 Sunnyvale-Saratoga Rd. Sunnyvale, CA</p> <p>When: <u>Saturdays PM</u> (12 Lessons)</p> <p>Class Dates: 9/17, 9/24, 10/1, 10/8, 10/15, 10/22, 11/5, 11/12, 11/19, 12/3, 12/10, 12/17</p> <p>No class: 9/10, 10/29, 11/26 (Due Meets/Holiday)</p>	<p>Class Selection [1] first choice [2] second choice ~ check www.calphin.com for details ~</p> <p> 1:15-2:15PM <input type="checkbox"/> CHL/MST <input type="checkbox"/> RCR/SPR <input type="checkbox"/> GLD <input type="checkbox"/> CRL <input type="checkbox"/> BUB 2:15-3:15PM <input type="checkbox"/> CHL/MST <input type="checkbox"/> RCR/SPR <input type="checkbox"/> GLD <input type="checkbox"/> CRL <input type="checkbox"/> BUB 3:15-4:15PM <input type="checkbox"/> CHL/MST <input type="checkbox"/> RCR/SPR <input type="checkbox"/> GLD <input type="checkbox"/> CRL <input type="checkbox"/> BUB 4:15-5:15PM <input type="checkbox"/> ELT* <input type="checkbox"/> RCR/SPR <input type="checkbox"/> GLD <input type="checkbox"/> CRL <input type="checkbox"/> BUB 5:15-6:15PM <input type="checkbox"/> CHL/MST <input type="checkbox"/> RCR/SPR <input type="checkbox"/> GLD <input type="checkbox"/> CRL <input type="checkbox"/> BUB </p>
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*ELT (Elite) is designed for competitive team swimmers with A+ Pacific Swimming Time Standard.

CALPHIN Swim Skill Levels: MST=Master; CHL=Challenger; RCR=Racer; SPT=Sprinter; GLD=Glider; CRL=Crawler; BUB=Bubbler.

* To earn **early registration discount**, the postmark or hand-in payment must be **7 days before** the 1st lesson

* Annual application \$25 apply to all new swimmers

* Mid-term drop in ok with prorated tuition: \$16 for 1st swimmer, \$14 for 2nd and 3rd swimmer + \$10 registration fee

✚ Tuition and Payment (Check Payable to Calphin, or Cash)

Swimmers (siblings only)	Swim Class Tuition	New Swimmer** Application +\$25	Early Registry Discount (-\$10 *)	Subtotal
#1	\$202			
#2	\$178			
#3	\$178			

\$10 discount
For Early Registry
if signed up
before 9/10/11.

Total: \$ _____ Check, # _____ Cash, Signed by Cash Receiver: _____

*Mail registration form and payment to **34075 Fremont Blvd. Fremont, CA 94555** if not registering on site.

✚ Indemnification

By signing the form below, I certify the above information is correct and the swimmers are in good health to swim. I also confirm that we have received, understood, and will comply with all the pool safety rules, as well as the *club policy established by Calphin Aquatic Club published on the website given below*. We understand and assume all incidental risks involving in swimming. In case of injury to the swimmers, we do hereby release, indemnify, hold harmless and waive all claims against the pool facility owners, management organizations; Calphin Aquatic Club, their officers and employees. I also certify that I have read, understood the foregoing message, and sign this form voluntarily.

X

Parent or Legal Guardian Signature

X

Date

Office Use ONLY

(Date/Initial) Roster _____ JCR _____ Date Stamp _____