

ARDEN PARK AQUATIC CLUB REGISTRATION FORM

Swimmer Name(s)	Sex	Swim Age (as of 6/15/10)	Birth date
Mailing Address:		City:	Zip Code:
Parent's Name:		Home Phone:	Work /Cell Phone:
		Email:	
Parent's Name:		Home Phone:	Work/Cell Phone:
		Email:	

EMERGENCY INFORMATION

Any medical problems? No Yes (Explain): _____

Physician: _____ Hospital Preference: _____

Insurance Plan: _____ ID# _____

If neither parent can be contacted, please notify: _____

Tel # _____

REGISTRATION FEES

# Swimmers	Arden Park Resident/Non Resident	
One swimmer	\$ 225/275	Jobs verified _____
Two swimmers	\$ 325/375	Job deposit ck # _____
Three swimmers	\$ 425/475	Amt. Fees Paid _____
Four or more swimmers	Add \$ 100 per swimmer	Cash/Check # _____
High School swimmer	\$100	

Refund policy: ABSOLUTELY NO REFUNDS AFTER APRIL 15TH.