



2025 FALL SWIM Clinic

SIGN UP FORM

SEPT 2nd—OCT 23rd

MONDAY - THURSDAY



5/6 YEAR OLDS 3:30PM TO 4:00PM



7/8 YEAR OLDS 3:45 PM TO 4:30 PM



9 & UP YRS OLD 4:30 PM TO 5:30 PM

Port Streets Residents \$195 - Non-Port Streets Residents \$230 per swimmer

There is no pro-rating of fees for partial attendance due to absences, injury or inclement weather
CASH or CHECK made out to **HARBOR VIEW AQUATICS**. Please drop off your payment
at the pool office Phase 1 at 1854 PORT WESTBOURNE PLACE, NEWPORT BEACH, CA

PARENT(S) NAME: _____

ADDRESS: _____

E-MAIL: _____

CELL #: _____

EMERGENCY CONTACT: _____ # _____

| PARTICIPANT(S) NAME | AGE | DATE OF BIRTH | SWIM EXPERIENCE |
|---------------------|-----|---------------|-----------------|
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FEES MUST BE PAID AND WAIVER SIGNED PRIOR TO PARTICIPATION.

Medical Authorization: I/We, parent(s)/person(s) having legal custody/ legal guardianship of the above listed minor do hereby authorize medical, dental or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general or on the medical staff of any hospital, whether such diagnosis or treatment is rendered at the office or said physician, dentist or at said hospital. It is understood that this authorization is given in advance of any special diagnosis, treatment, or hospital care being required but is given to provide authority to the aforesaid Agent to give specific consent to any; and all such diagnosis, treatment, or hospital care which a physician or dentist meeting the requirements of this authorization may in the exercise of his/her best judgment deem advisable.

List allergies if any _____

Release of Liability: In consideration of your accepting this registration, I hereby agree to indemnify and hold harmless the Harbor View Aquatics, and any of its officers, agents, or employees from any liability or claim or action for damages resulting from or in any way arising out of participation in the program by the person.

Form of payment: Cash/Check _____ Check No. _____ Parent Signature _____ Date _____