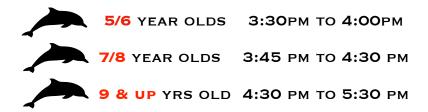


2025 FALL SWIM Clinic

SIGN UP FORM

SEPT 2nd—OCT 23rd

MONDAY - THURSDAY



PARENT(S) NAME:

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

ADDRESS:			
-MAIL:			
CELL #:			
EMERGENCY CONTACT:	"		
PARTICIPANT(S) NAME	AGE	DATE OF BIRTH	SWIM EXPERIENCE
FEES MUST BE PAID AND WAI	VER SIG	NED PRIOR TO PA	ARTICIPATION.
dedical Authorization: I/We, parent(s)/person(s) having legal custody/ legal nd hospital care which is deemed advisable by, and is to be rendered under the ge uid physician, dentist or at said hospital. It is understood that this authorization i uthority to the aforesaid Agent to give specific consent to any; and all such diagn the exercise of his/her best judgment deem advisable.	eneral or on the medical s given in advance of a	al staff of any hospital, whether such diagnosis o uny special diagnosis, treatment, or hospital care	r treatment is rendered at the office or being required but is given to provide
ist allergies if any			
orm of payment: Cash/Check Check No			