Registration Form

2026 FALL SWIM CLINIC (8 WEEKS)

Port Street Residents $200 - per swimmer

Non-Port Street Residents $280 - per swimmer

EARLY BIRD REGISTRATION $250 before Aug. 15th

AUGUST 31 - OCTOBER 22 (**NO PRACTICE** - Monday, Sept 7 - **LABOR DAY**)

MONDAY - THURSDAYS

3:30 pm - 4:00pm →	5, 6 year olds
4:00 pm - 4:45 pm →	7, 8 year olds + beginning 9's first time swimmers
4:30 pm - 5:30pm →	9 & up age group

PERSONAL INFORMATION

Parent(s) Name :

Adress:

Parent Email :

Parent Mobile : Parent Mobile :

Emergency Contact Name & Phone Number:

ATHLETE'S INFORMATION

DATE OF REGISTRATION ☐☐ / ☐☐ / ☐☐

Athlete's Name	Age: ☐☐	Allergies:	
Athlete's Name	Age: ☐☐	Allergies:	
Athlete's Name	Age: ☐☐	Allergies:	
Athlete's Name	Age: ☐☐	Allergies:	

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.

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.

There is no pro-rating of fees for partial attendance due to absences, injury or inclement weather
CASH, **CHECK** made out to **HARBOR VIEW AQUATICS** or **ZELLE** to harborviewaquatics@gmail.com
FEES MUST BE PAID AND WAIVER SIGNED PRIOR TO PARTICIPATION. Please submit the sign up form via email or drop it off at the Phase 1 pool office.

Form of Payment: Amount:

Port Street Residents $200 - per swimmer (email proof of residency along with form)

Non-Port Street Residents $280 - per swimmer

Early bird Registration Non-PS Resident $250 Before 8/15

Parent Signature

THANK YOU FOR REGISTRATION

A : 1854 Port Westbourne Place, Newport Beach, CA

E : harborviewaquatics@gmail.com