



# Registration Form

## 2026 WINTER SWIM & JR. GUARDS CONDITIONING

Port Street Residents \$200 - per swimmer  
Non-Port Street Residents \$250 - per swimmer

Session 2. JAN 5 — FEB 26. (No practice on President's Day - Monday, Feb. 16)

### MONDAY - THURSDAYS

3:30 pm - 4:00pm	→	5, 6 and 7 year olds
3:45 pm - 4:30 pm	→	8 year olds + beginning 9's (Swim + Jr Lifeguard Training)
4:30 pm - 5:30pm	→	9 & up age group (Swim + Jr Lifeguard Training)

### PERSONAL INFORMATION

Parent(s) Name :	<input type="text"/>		
Address:	<input type="text"/>		
Parent Email :	<input type="text"/>		
Parent Mobile :	<input type="text"/>	Parent Mobile :	<input type="text"/>
Emergency Contact Name & Phone Number:	<input type="text"/>		

### ATHLETE'S INFORMATION

DATE OF REGISTRATION  /  /

Athlete's Name	<input type="text"/>	Age:	<input type="text"/> <input type="text"/>	Allergies:	<input type="text"/>
Athlete's Name	<input type="text"/>	Age:	<input type="text"/> <input type="text"/>	Allergies:	<input type="text"/>
Athlete's Name	<input type="text"/>	Age:	<input type="text"/> <input type="text"/>	Allergies:	<input type="text"/>
Athlete's Name	<input type="text"/>	Age:	<input type="text"/> <input type="text"/>	Allergies:	<input type="text"/>

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** [harborviewaquatics@gmail.com](mailto: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 (must provide proof of residency)

Non-Port Street Residents \$250 - per swimmer

Parent Signature

THANK YOU FOR REGISTRATION