

Valley of the Moon Aquatics/SwimAmerica Registration Form

Swim and Stroke School 2009

Father/Guardian Name _____	Mother/Guardian _____
Phone _____	Alt Phone _____
Email address _____	
Mailing Address _____	City _____
Zip _____	
Person to contact in emergency _____	Phone # _____

All new stroke school swimmers require a swim evaluation.

1 st Swimmer's Name _____	DOB _____	Gender _____
Session dates _____		Session times _____
Health Concerns we should know about (use other side if necessary) _____		
For office use only	SwimAmerica starting Station: _____	ending Station _____

2 nd Swimmer's Name _____	DOB _____	Gender _____
Session dates _____		Session times _____
Health Concerns we should know about (use other side if necessary) _____		
For office use only	SwimAmerica starting Station: _____	ending Station _____

3 rd Swimmer's Name _____	DOB _____	Gender _____
Session dates _____		Session times _____
Health Concerns we should know about (use other side if necessary) _____		
For office use only	SwimAmerica starting Station: _____	ending Station _____

I agree to adhere to all policies concerning tuition and fees. I understand the tuition is due upon registration. I understand that the conduct of my child (children) must be in accordance with Valley of the Moon Aquatics and Hanna Boys Center and any misconduct may result in termination of membership. A \$10.00 charge will be placed on all returned checks. Payments should be made to **Valley of the Moon Aquatics** and delivered to the Program Director or Site Supervisor on the pool deck or mailed to VMA, P.O. Box 1282, Sonoma, CA 95476.

May we have permission to use photographs of your swimmer(s) on our website or in our promotional material?
 Yes _____ No _____ Comments _____

I Hereby give permission for my child (children) to join Valley of the Moon Aquatics.

Signature of Parent/Guardian _____ Date _____

For office use only: Paid by check # _____ or Cash _____ Amount _____