

Registration for **acac** Summer Swim Team 2022



Participant Name: _____ Date: _____
Last, First, MI

Preferred Name: _____

Age: _____ D.O.B: _____ Email address: _____

Parents Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

Emergency Contact Name and Tel #: _____

Primary phone during practice hours: _____

Who is allowed to pick up child from practice: _____

Is the participant covered under a health insurance policy: Y N

List any medical conditions/allergies we should be aware of: _____

Physician's Name: _____ Phone: _____

Where did you hear about this program? _____

Who may pick-up participant from program other than the above listed individual? _____

Please read and sign the following release:

I understand the nature and scope of the programs listed above and understand there are risks and dangers associated with the programs listed above. I understand it is not the function of the Atlantic Coast Athletic Clubs of Virginia, Inc (**acac**), its employees, agents, operators or instructors to guarantee the safety of participants with respect to the programs listed above. I also understand that each participant has the responsibility to exercise due care in the performance of the activities/programs listed above for the safety of himself/herself and other participants. I hereby release, indemnify, and hold harmless **acac**, its employees, operators, and instructors from any and all claims and demands, costs, charges, and expenses for harm, injury, damage or loss which may be sustained by the participant as a result of or relating to participation in the programs listed above.

In Witness whereof, I have executed this liability release as my own free act on this ____ day of _____, 20__.

Participant Signature (Parent if participant is under age 18) _____

Please complete the payment form on the next page

Payment Authorization

MEMBER INFORMATION	
NAME Membership type, circle one: Family Other Non Members	Participants name:
PAYMENT OPTIONS (Choose paid in full or monthly)	
PAID IN FULL: I/we understand that our account will be billed on or around 9/15/2019. MONTHLY: I/We understand that our account will be debited on or about the first day of each month beginning on 10/1/2019, for the monthly dues amount of _____.	
PAYMENT METHOD (Choose one of two options) - Credit Card on file is Required	
CREDIT CARD ON FILE OR HOUSE CHARGE	
CREDIT CARD DEBIT INFORMATION	
CARD TYPE VISA MASTERCARD DISCOVER AMERICAN EXPRESS	
CARD NUMBER	EXPIRATION DATE
CHECKING/SAVINGS DEBIT INFORMATION - Please attach a voided check	
BANK NAME	BANK ROUTING NUMBER
CHECKING ACCOUNT NUMBER	
SAVING ACCOUNT NUMBER	

MEMBER SIGNATURE(S)	
NAME	DATE
NAME	DATE
NOTES	
ACAC TEAM MEMBER	DATE