



Masters Swim Team

REGISTRATION INFORMATION: LAST NAME: _____

Full Name: _____

E-mail: _____

Address: _____

Phone #: _____

Gender: _____

Health Insurance: _____

Medical Conditions: _____

Emergency _____

Contact: _____

ILBC MEMBER REGISTRATION FEES:

\$50 per swimmer _____

TOTAL: _____

NON-ILBC MEMBER REGISTRATION FEES:

\$75 per swimmer _____

TOTAL: _____

Make checks payable to Indian Landing Boat Club. NOTE: All fees are non-refundable. A \$25 service fee will be charged for returned checks.

Release:

I recognize that there are certain dangers associated with swimming and any water-related activities, and while due care will be exercised by the Club's employees, I hereby waive and release the Indian Landing Boat Club and its stockholders, membership, officers, directors, employees, and directors of the program and/or participants from any liability arising from, and as an express condition of this Masters Swim Program.

PRINTED NAME: _____

SIGNATURE: _____

DATE: _____