

**REGISTRATION INFORMATION: LAST NAME:** \_\_\_\_\_

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Full Name: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Gender (M or F): \_\_\_\_\_  
Health Insurance: \_\_\_\_\_  
\_\_\_\_\_  
Special Medical Conditions: \_\_\_\_\_  
\_\_\_\_\_  
In case of Emergency  
Contact: \_\_\_\_\_  
\_\_\_\_\_

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**ILBC MEMBER**  
**REGISTRATION FEES:**  
\$100 per swimmer \_\_\_\_\_  
  
TOTAL: \_\_\_\_\_

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**NON-ILBC MEMBER**  
**REGISTRATION FEES:**  
\$150.00 per swimmer \_\_\_\_\_  
  
TOTAL: \_\_\_\_\_

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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: \_\_\_\_\_