

Country	Club
Aqua	tics

Masters Swim Team Registration Form

Name:	Age:
Address:	
City, State, Zip:	
E-mail:	OK to include on distribution list?
Emergency Contact/Relationship:	Phone:

Please mark your preferred practice sessions

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
6am – 7am	9am – 10:30am	8am – 9am				
9am - 10:15am	9am – 10:15am	9am – 10:15am		9am – 10:15am		
12pm – 1:15pm						

Drop-in Fee: \$10 non-members

Cost per Month: \$80 non-members

Current Status

Current Status		
Currently swimming?	_	
How many days/week?	Yardage?	Time in water?
Current level of swimming ability:		
What send off can you do 10 x 100	Yards Freestyle on?	
What strokes do you like to do?		
What strokes can you do?		
Would you like to learn how to swi	im the strokes you cannot?	
Are you registered with USA Mast	Member Number:	
Important Medical information (all	ergies, medications, physical conditions, e	etc.):

My signature on this agreement indicates my desire to participate in the Masters Swim Program at Fremont Hills Country Club. I assume all risks and hazards incidental to participation and release Fremont Hills Country Club, its members, Officers, Directors, Agents and Employees from any liability.

Signature: _____ Date: _____

Print Name:

Non-members MUST check in at the Aquatics Office at the beginning of each month and pay by check or cash only. Failure to do so will result in the inability to participate until fees are paid. Use of the pool and other aquatics facilities are limited to the swimmer enrolled in the program only and include only the scheduled practice time.

For questions contact the Aquatics Office at 650.948.8261 x212 or aquatics@fremonthills.com.