



Harbor View Winter Swim & Conditioning 2024 come and start training with your friends for Jr. Lifeguards Test Now!

Session 1. OCT 28 – DEC. 20

(No practice Thanksgiving week Nov.25-28)

MONDAYS thru THURSDAYS

3:30pm to 4:00pm- 5, 6 and 7 year olds

3:45 - 4:30pm- 8 year olds + beginning 9's (Swim and Jr Lifeguard Training)

4:30pm to 5:30pm-9 & up age group (Jr Lifeguard Training)

HVCA Port Street Residents \$195 - Non HVCA Port Street Residents \$225 per swimmer

If you are not a Port Street Resident Please pay the amount above

There is no pro-rating of fees for partial attendance due to absences or inclement weather CASH or CHECK made out to HVCA Please drop off your payment at the pool office Phase 1 **FEES MUST BE PAID AND WAIVER SIGNED PRIOR TO PARTICIPATION.**

PARENT(S) NAME: _____

ADDRESS: _____

E-MAIL: _____

CELL #: _____ HOME #: _____

EMERGENCY CONTACT: _____ PHONE: _____

| PARTICIPANT(S) NAME | AGE | DATE OF BIRTH | SWIM EXPERIENCE |
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Enrollment is very limited so please confirm enrollment by dropping registration at Phase 1 Pool

Emergency Medical Authorization: (Agent: Authorized agent of Harbor View Community Association)

I/We, parent(s)/person(s) having legal custody/ legal guardianship of the above listed minor do hereby authorize medical, dental or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general or on the medical staff of any hospital, whether such diagnosis or treatment is rendered at the office or said physician, dentist or at said hospital. It is understood that this authorization is given in advance of any special diagnosis, treatment, or hospital care being required but is given to provide authority to the aforesaid Agent to give specific consent to any; and all such diagnosis, treatment, or hospital care which a physician or dentist meeting the requirements of this authorization may in the exercise of his/her best judgment deem advisable.

List allergies if any _____

Release of Liability: In consideration of your accepting this registration, I hereby agree to indemnify and hold harmless the Harbor View Swim Team, and any of its officers, agents, or employees from any liability or claim or action for damages resulting from or in any way arising out of participation in the program by the person.

Parent Signature

Date