

Northview Community Swim Team Winter 2009



SIGN UP AT THE HIGH SCHOOL POOL:

Saturday, October 24, 10 a.m. to noon

Tuesday, October 27, 6 to 8 p.m.

COST: Residents or Non-Residents: \$95 for 1st child, \$85 for 2nd child, \$75 for each additional family member. Payment **in full** is required at registration. A \$10 late payment fee will apply after November 1. Refunds will be given **only** during the first week of the season.

The Northview Community Swim Team is a great experience for all youth ages 5 and older. It not only encourages individual and team skills, but also provides an opportunity to make new friends and have FUN. Participants **must** be able to swim the length of the pool without assistance.

The session runs from November 9 through February 13. Practice and meet schedules will be handed out at sign-ups.

If you have any questions call Lorrie Hiler at 365-2646 (H) or 862-1990 (C). This form can be mailed to Lorrie Hiler by October 27 (to avoid a late fee) at 2134 Audley Drive, Grand Rapids, MI 49525.

NORTHVIEW COMMUNITY SWIM TEAM – WINTER 2009

Parent/Guardian Name(s)	School District	
Address	Home Phone	Work Phone
E-Mail Address (Please Print Clearly)	Cell Phone (1)	Cell Phone (2)

Swimmer(s) Information (use reverse side if necessary):

<input type="checkbox"/> Male						
<input type="checkbox"/> Female	First Name	MI	Last Name	Date of Birth	Age	Swim Experience (Yrs)
<input type="checkbox"/> Male						
<input type="checkbox"/> Female	First Name	MI	Last Name	Date of Birth	Age	Swim Experience (Yrs)
<input type="checkbox"/> Male						
<input type="checkbox"/> Female	First Name	MI	Last Name	Date of Birth	Age	Swim Experience (Yrs)
<input type="checkbox"/> Male						
<input type="checkbox"/> Female	First Name	MI	Last Name	Date of Birth	Age	Swim Experience (Yrs)

It is the policy of the Northview Public Schools that no person shall, on the basis of race, color, religion, national origin or ancestry, age, sex, marital status, or handicap, be discriminated against, or excluded from participation in, denied the benefits of, or otherwise be subjected to, discrimination in any program or activity to which it is responsible, or for which it received financial assistance from the Michigan Department of Education.

Please explain any disability your child has that will warrant special services to participate: _____

In consideration of your acceptance of this application, we hereby for our heirs, executors and administrators, waive and release any rights or claims we may have against any instructor or any other member of the Northview Community Swim Team and/or the Northview Public Schools and/or their representatives for any injury that my child(ren) may suffer while participating in this program.

Parent/Guardian Signature	Date	Check #	Amount
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