

River Valley Athletic Club Spring 2009 Swim Registration

Registration Information	Fee Information
Parents Name(s) _____ Member # _____	Pre-School \$35.00/members \$45.00/guests
Address _____	Red Cross levels 1 – 6 \$55.00/members \$65.00/guests
City _____ State _____ Zip _____	Swim Team \$125.00/members \$150.00/guests
Home Phone () _____ Alternate Phone () _____	We do not issue refunds.
E-Mail Address _____ (For RVAC use only.)	
My child _____ has special needs. Please explain. _____	

Child's Name	Age	Level	1 st Choice Session #	Time	2 nd Choice Session		
							+
							+
							+
							+
Total Payment Due At Time Of Registration							=

Payment Information
<input type="radio"/> Check payable to: RVAC <input type="radio"/> In House Charge <input type="radio"/> MasterCard <input type="radio"/> Visa <input type="radio"/> Cash

Acknowledgement of Risk and Waiver of Liability

As the parent or legal guardian of _____ I consent to the above named person participating in all programs offered by River Valley Athletic Club. The use of equipment and facilities by me or my child(ren) shall be undertaken at our sole risk. River Valley Athletic club should not be liable for any claims, demands, actions, or causes of action whatsoever to me or my child(ren) or property arising out of or connected with the use of any programs, services, or facilities of River Valley Athletic Club or the premises where they are located. I do hereby release and discharge River Valley Athletic Club from all such claims, demands, injuries, or passive negligence of the River Valley Athletic Club, its owners, employees, and teachers.

Parent or Legal Guardian's Signature _____ Date _____

FOR OFFICE USE ONLY

Parent's Name _____ Total Due _____

Swim Team Amount _____ Swim Lesson Amount _____

Date Paid _____

Check # _____ In House Charge MasterCard Visa Cash

Account# _____ - _____ - _____ Exp. Date ____ / ____

Verification # _____

(3 -digit # located on back of card)

Signature _____

