

Bulldog Aquatics at the San Mateo Athletic Club

Fall 2013 Registration Form

Please submit this form to the San Mateo Athletic Club's courtesy desk, fax: (650)378-7374 or scan to smac.aquatics@smccd.edu

Participant's Full Name	Age	Date of Birth Parents'
		Yes No
Full Name		Member of SMAC? Please Circle
Address	City	Zip Code Home
Primary Phone #	Secondary Phone #	E-Mail
Emergency Contact	Relationship	Emergency Phone #

Fall Group Swim Lesson Fees

In Addition: fill out a lesson request form so that we know what days, times and levels you need.

	SMAC members:	Guests:
<input type="checkbox"/> Once a Week (10 lessons)	\$170	\$220
<input type="checkbox"/> Twice a Week (20 lessons)	\$340	\$440

10 week session date: September 3rd – November 11th

Private Swim Lesson Fees

In Addition: fill out a lesson request form so that we know what days, times and special requests you have.

	SMAC Members	Guests
<input type="checkbox"/> Single Private Lesson (30 min)	\$42	\$50
<input type="checkbox"/> 5 Private Lessons (30 min)	\$195	\$240
<input type="checkbox"/> 10 Private Lessons (30 min)	\$370	\$460

Semi Private Swim Lesson Fees

In Addition: fill out a lesson request form so that we know what days, times and special requests you have.

	SMAC Members	Guests
<input type="checkbox"/> Single Semi Private Lesson (30 min)	\$32	\$39
<input type="checkbox"/> 5 Private Lessons (30 min)	\$140	\$175
<input type="checkbox"/> 10 Private Lessons (30 min)	\$260	\$315

Fall Swim Team Fees

Group	SMAC Members	Guests
<input type="checkbox"/> PreTeam & Bronze	\$170	\$195
<input type="checkbox"/> Silver	\$210	\$235
<input type="checkbox"/> Gold Fitness	\$240	\$265
<input type="checkbox"/> Gold Fitness & Silver Competition	\$275	\$290

8 week session dates: September 3rd – October 25th and October 28th – December 19th

Water Polo Fees

	SMAC members:	Guests:
<input type="checkbox"/> Water Polo Class	\$200	\$225

8 week session dates: September 3rd – October 25th and October 28th – December 19th

Certifications

	SMAC members:	Guests:
<input type="checkbox"/> Lifeguard Certification Course	\$275	\$300
<input type="checkbox"/> CPR/AED Course	\$75	\$90

Circle which session you prefer:

Session 1



SAN MATEO ATHLETIC CLUB AQUATICS WAIVER

Please read and sign the release below,

I, _____, on behalf of myself and my child, _____, have voluntarily requested to participate in swim lessons offered by the San Mateo Athletic Club. I am aware that attending or participating in these activities involves risk of injury to person and property. I voluntarily accept and assume all risk from attending and participating in these activities. In consideration of being permitted to participate in these activities, I agree, on behalf of myself and my child, our heirs, personal representatives and assignees, not to make any claim against or sue the City of San Mateo, College of San Mateo, San Mateo Athletic Club or any of their employees, officers, directors, agents, contractors, members or board members (collectively referred to as the "RELEASED PARTIES") for any injury or damage to my child, myself, anyone else, or any property arising from the negligence, or other acts, however caused, of any of the Released Parties. In addition, I release and discharge the Released Parties from any and all actions, liabilities, losses, claims or demands that I, my child, our respective heirs, personal representatives or assignees, have or may hereafter have for personal injuries to my child, myself, anyone else, or property damage resulting from my, or my child's, attendance at or participation in swim lessons offered by the San Mateo Athletic Club.

I grant to San Mateo Athletic Club, its representatives and employees the right to take photographs of participants in connection with marketing materials. I authorize the San Mateo Athletic Club, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I grant San Mateo Athletic Club the unrestricted right and permission to copyright and use, re-use, publish and re-publish photographic portraits or pictures of participants. I hereby relinquish any right that I may have to examine or approve the completed product(s) or the advertising copy or printed matter that may be used in conjunction therewith or the use to which it may be applied. **I HAVE CAREFULLY READ THE LANGUAGE ABOVE. I UNDERSTAND THIS IS A COMPLETE RELEASE OF ALL LIABILITY, AS WELL AS A PROMISE NOT TO SUE OR MAKE A CLAIM.**

MEDICAL QUESTIONNAIRE

Please list any physical disabilities, mental disabilities, allergies, illnesses, medications, or injuries we should know about.

Date: _____ **Name of Participant** _____ **Parent's Signature** _____