

Home School Stroke School Fall
Classes January 9 - March 26, 2012
(All Classes held at Optimist Pool)

Questions? - Marie Schoening - coachmarieSA@bellsouth.net

WWW.Marlinsofraleigh.com

Monday and Thursday

Fee: \$200.00 **Plus \$25 yearly registration fee see below**

***** Must be able to swim 2 lengths of the pool without stopping*****

- 12:45 – 1:45 pm (begin warm-up at 12:45 PM)
- 1:45 – 2:45 pm (begin warm-up at 1:45 PM)

**** Payment plans available- Multiple child discount if doing two days***

***** **If only one Day send me a note for Pricing.** *****

Swimmers must have own Flippers

PARENTS' NAMES (if applicable): _____
(Father) (Mother) (Last name)

STREET ADDRESS: _____

CITY/TOWN/ZIP: _____ PHONE: _____

E-MAIL ADDRESS: _____

There are a few dates off please –January 16,23 and February 20- Watch website!

INDICATE CHILD'S LAST NAME IF DIFFERING FROM PARENTS.

CHILD'S NAME	M.I.	SEX	D.O.B/AGE	Current Level/New to Program
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

I, or we, agree to waive any and all claims against U.S. Swimming, Ravenscroft School and The Marlins of Raleigh., including its directors, officers, membership and participants, employees and agents of liability of any kind or damages of any type incurred in travel from or to, in attendance, meetings and other events sponsored by or attended by the Marlins of Raleigh. Please note that payments are to be made in full.

Parents Signature: _____ **Date:** _____

REGISTRATION IS FIRST COME FIRST SERVE

Marlins of Raleigh Swim Team



WAIVER/RELEASE OF LIABILITY

PLEASE READ CAREFULLY BEFORE SIGNING.

THIS IS A RELEASE OF LIABILITY AND WAIVER OF CERTAIN LEGAL RIGHTS.

I, _____, the enrolled participant and/or the parent/guardian of the participant agree and understand that swimming is a HAZARDOUS activity. I recognize that there are risks inherent in the sport of swimming, including but not limited to, paralyzing injuries and death.

The participant hereby agrees to participate in the MOR Home school Program and hereby agrees to indemnify and hold harmless the Marlins Of Raleigh Swim Team, Optimist, MOR coaches, officers, directors, agents and employees against any liability resulting from any injury that may occur to the participant while participating in the MOR Home school Program. The participant also agrees to indemnify the Marlins of Raleigh Swim Team for any damages incurred arising from any claims, demand, action or cause of action by the participant.

The participant authorizes any representative of Marlins of Raleigh Swim Team to have the participant treated in any medical emergency during their participation in the MOR Home School Program. Further, the parent/guardian agrees to pay all costs associated with medical care and transportation for the participant.

I have noted on the back of this form any medical/health problems of which the staff should be aware.

I HAVE CAREFULLY READ THE ABOVE LIABILITY RELEASE AND SIGN IT WITH FULL KNOWLEDGE OF ITS CONTENTS AND SIGNIFICANCE.

Signed: _____
(Participant or Parent/Guardian)

Date: _____

Yearly Registration form.
MOR-SwimAmerica

\$25 Registration fee for each child **charged yearly**. With each fee you will have the choice of a Swimming Suit (limited number left) **OR** a pair of Goggles **OR** a Silicone Swim Cap **OR** Flippers.

If you are due a suit please indicate size (the suit should be a tight fit)
I only have a few small girls' suits -

Boys (Jammers)

Name	Up to 6 (20)	6 (22)	6-8 (24)	8-10 (26)	10-12 (28)	Flipper shoe size			

Make ALL Checks Payable to **Marlins Of Raleigh.**

Please mail registration and payments to:

MOR SwimAmerica
4900 Waters Edge Dr.
Suite 200, Raleigh, NC 27606