

REGISTRATION FORM
(Master)



Swimmer's Name _____ Group ___ Master ___

Date of Birth _____
(month) (day) (year)

Address _____ City _____
(street number) (street) (postal code)

Home Ph# _____ Business Ph# _____ Cell Ph# _____

Email _____
(please, write clearly)

Emergency contact person _____ Phone _____

Your swimmer's folder must include all of the following signed documents

Medical Release/Release Waiver and Assumption of Risk/Personal Information Protection & Electronic Document forms.

Master Program Training Schedule

Monday 6:00 to 7:30 am
Tuesday/Thursday 9:00 to 10:00 pm
Saturday 5:30 to 7:00 am

Registered to swim _____ x per week

Payments to be submitted in **3** installments as per the master payment plan

Master Program Payment Schedule

First Installment	Second Installment	Third Installment
Chq# _____ Fee _____	Chq# _____ Fee _____	Chq# _____ Fee _____
Dated: September 15 th	Dated: January 15 th	Dated: April 15 th

In the signing of this document, I agree to the terms and conditions of the Dorado Stars Swim Club policies.

Signature _____

Date _____