

**PRE-SEASON CLINIC REGISTRATION FORM**  
**CCC Pre-Season Clinics run by Trevor Rose at Soda Aquatic Center**  
**FOR 2007 CCC SWIM TEAM SWIMMERS ONLY\***

**April 14, 21, 28, 29**

**Submit Pre-Season Clinic Registration Form along with your 2007 Swim Team Registration Form to John Kaiser, 285 Calle la Montana, Moraga, CA 94556 by March 19.** Please pay your clinic fee with a check separate from your main registration fee check, payable to **Campolindo Homeowners Association.** **Space is limited and will be allotted on a first received first served basis. No Refunds for missed sessions.**

**CLINIC COSTS: \$10 per day per swimmer**

<b>6 &amp; Under</b>	<b>1:00 - 1:30 PM</b>
<b>7-8</b>	<b>1:30 - 2:15 PM</b>
<b>9-10</b>	<b>2:15 - 3:00 PM</b>
<b>11-12</b>	<b>3:00 - 3:45 PM</b>
<b>13 &amp; Up</b>	<b>3:45 - 4:30 PM</b>

*(Please check off dates desired for each swimmer, multiply by \$10, and add to total)*

Swimmer's Name	2007 Age Group	4/14	4/21	4/28	4/29	Total
		Free	Fly & Free	Back & Free	Breast & Free	
						\$
						\$
						\$
<b>Total for all swimmers:</b>						\$

**Parent(s) Name(s):** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Medical Insurance/Number & Doctor's Name & Phone #:** \_\_\_\_\_

Any medical conditions or problems? \_\_\_\_\_

I/We \_\_\_\_\_ the parents/guardian of \_\_\_\_\_

give permission for participation in this program. In case of emergency due to serious illness and/or accident when we cannot be contacted, Campolindo Cabana Club staff has our permission to use their best judgment in the interest of our child's health.

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\*Includes new registrants for 2007 season. 8 & unders **must be able to swim** the stroke they sign up for. These clinics are not "learn to swim." Open only to CCC 2007 registered swimmers.