

2023 REGISTRATION FORM

Parent's Name:	_ Member	#:	or I	Member S	Sponsor:	
Address:						
Cell Phone:	Email:	:				
Child's Name	Child's Name Age				ility Level im Level Guide)	
Please check the program(s) you wish to enroll in	and fill ir	the s	session date(s) you w	ish to attend:	
Swim Lesson Sessions ☐ Private ☐ Semi-Private	nto		<u>SLOCC Camps</u> Fun in the Sun Camp			
☐ Group Session(s) ☐ Jan 17-Feb 12 (2x wk) ☐ Feb 14-March 12 (2x wk) ☐ Mar 14-April 9 (2x wk) ☐ April 11-May 7 (2x wk) ☐ May 9-June 4 (2x wk) ☐ June 6-18 ☐ June 20-July 2 ☐ July 4-16			☐ Mar 28-31☐ Apr 11-14☐ June 6-9☐ June 13-16☐ June 20-26☐ June 27-36☐ July 5-7(n	6 3 0 o 7/4) All Sport	☐ July 11-14 ☐ July 18-21 ☐ July 25-28 ☐ Aug 1-4 ☐ Aug 8-11 ☐ Aug 15-18	
☐ July 18-30 ☐ August 1-13 ☐ August 15-27 ☐ Aug 29-Sept 24 (2x wk) ☐ Sept 26-Oct 22 (2x wk) ☐ Oct 24-Nov 19 (2x wk) Preferred days of the week: Tues Wed Thurs Fri String Window Available:	Sat Sun	_		Holida bb 13 th , 20 th -22	Monday FUNday Camp □ June 5-Aug 14: Mondays Pick your days! ————————————————————————————————————	
Group: Stingrays (+8yrs)	☐ Jr Stingra	ys (+6	byrs)		nard Prep Course May 4 (Th) 3:30-4:30pm	

Session: \square Summer (6/6-8/11) 5:30-6:45pm \square School year 4:30-5:45 (T-F)

*Tues available upon request



CHILDREN'S PROGRAM PARTICIPATION WAIVER

ALL PARTICIPANTS MUST SIGN WAIVER RELEASE.

In consideration of being permitted to take part in the SLOCC Children's Program, or utilize the facility or service set forth herein, I expressly agree as follows:

I hereby acknowledge that the activity set forth herein contains dangers and risks and may result in injury to the participant. I hereby assume all risks of personal injury, death, and property damage from any causes whatsoever arising while my child, or I, are participating in such activity. I, or my child, are in good health and are physically able to participate in such activity. My child does not have any symptoms or show any signs of the illness. I agree to inform SLOCC staff if my child should develop symptoms before my agreed activity/reservation. I agree to unconditionally waive and release San Luis Obispo Country Club, their members and employees, agents, and all representatives and sponsors from any injury that I or my child may sustain, or any damage that may be caused to me or my child's property, in connection with said activities or use of such facilities or services, including injuries sustained or property damage caused by any use of equipment.

Print Name:	Member #:	OR Guest of:			
Phone Cell #: _()	Email:				
Signature:		Date:			
Please print children's names who are o	_				
Child 1:		DOB:	//		
Child 2:		DOB:			
Child 3:		DOB:			
Child 4·		DOR:	/ /		