



Pacific Sands Cabana Club Fall Stroke Instruction



Child Name: _____ Age on 6/1/2021: _____

Gender: M F First Last Date of Birth: ____ / ____ / ____

Child Name: _____ Age on 6/1/2021: _____

Gender: M F First Last Date of Birth: ____ / ____ / ____

Child Name: _____ Age on 6/1/2021: _____

Gender: M F First Last Date of Birth: ____ / ____ / ____

Child Name: _____ Age on 6/1/2021: _____

Gender: M F First Last Date of Birth: ____ / ____ / ____

Address: _____

Street City State Zip

Parent Name: _____ Cell: (____) _____

Email Address: _____

Parent Name: _____ Cell: (____) _____

Email Address: _____

Additional Emergency Contact: _____ Cell: (____) _____

Physician: _____ Phone: (____) _____

Insurance Carrier: _____ Policy #: _____

Special Medication, Pertinent Information or Special Instructions: _____

Session: Use Swimmer's Age on 6/1/2021 to select a Group

- Newer 4-6 year-olds: 10/11 to 11/17 Monday, Wednesday, 4:00-4:30 PM
- Returning 4-6 year-olds: 10/11 to 11/17 Monday, Wednesday, 4:30-5:00 PM
- 7-8 year-olds: 10/12 to 11/18 Tuesday, Thursday, 4:00-4:45 PM
- 9-10 year-olds: 10/11 to 11/17 Monday, Wednesday, 5:00-6:00 PM
- 11 and Older: 10/12 to 11/18 Tuesday, Thursday, 4:45-6:00 PM

Cost: \$125/first swimmer \$100/each additional swimmer

Payment Method: Credit Card on File Check # _____ Cash

Payment Total: _____ 1 swimmer = \$125, 2 swimmers = \$225, 3 swimmers = \$325, 4 swimmers = \$425



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PARENT'S PERMISSION AND EMERGENCY MEDICAL RELEASE FORM



Please print neatly.

I (we), the undersigned parent, parents or legal guardian of _____, (Name of Minor Participant)

a minor, do hereby request that he/she be permitted to attend the Pacific Sands Cabana Club Fall Swim Camp between October 11, 2021 and November 18, 2021 and should the need arise, do hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medicine Practice Act or a dentist licensed under the provisions of the Dental Practice Act and on the staff of any acute general hospital holding a current license to operate a hospital from the State of California Department of Public Health. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power to render care which the aforementioned physician in the exercise of his/her best judgment may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient but that any of the above treatments will not be withheld if the undersigned cannot be reached. I will not hold liable the Pacific Sands Cabana Club, its officers or leaders for medical aid rendered at a hospital or first aid rendered at the event and will reimburse Pacific Sands Cabana Club for medical or other expenses incurred in the care of my child.

In consideration for the PARTICIPANT LISTED ABOVE, we, the undersigned participant and parent or guardian, intending to be legally bound, do hereby for ourselves, our heirs, executors, and/or administrators, waive, release, and forever discharge all rights and claims for damages which we or either of us may hereafter have against Pacific Sands Cabana Club, its staff or community associations and/or assigns, for any and all injuries for damages which may be sustained or suffered in connection with scheduled workouts or participating in, or returning from said workout.

_____/_____/_____
Printed Parent/Guardian Name Parent/Guardian Signature Date

_____/_____/_____
Printed Parent/Guardian Name Parent/Guardian Signature Date

Payment is due upon registration. NO REFUNDS are available.

Parents must complete a Registration/Permission and Emergency Medical Release Form and make payment in full before a participant may enter the water.

Please bring your completed form with payment to the Pacific Sands Cabana Club Office (8141 Atlanta Ave., Huntington Beach, CA 92646). For questions regarding registration, space availability, payment or club membership please call the office at 714-536-8091 or email: manager@cabanaclubhb.org

For information about the Fall Swim Camp or the Pacific Sands Penguins Swim Team, please email: penguins.coach@cabanaclubhb.org