

# Regis College Swim Clinic

# Application Form

Please return to:

Regis College Swim Clinic  
Regis College  
235 Wellesley St  
Weston, MA 02493

Parent / Guardian Name: (last) \_\_\_\_\_ (first) \_\_\_\_\_

Parent / Guardian Name: (last) \_\_\_\_\_ (first) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Daytime Phone Number \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Phone Number: \_\_\_\_\_

If you are signing up two or more children for the clinic, please fill out a separate sheet for each child. The Guardian information only needs to be filled out once.

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Swimmer's Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Gender: M F Age (as of July 21<sup>st</sup>): \_\_\_\_\_ Grade: \_\_\_\_\_

Adult T-Shirt Size: XS S M L XL

For the purpose of lane placement, we ask that you provide your Childs best times in each of the four strokes for the 25, 50, or 100. Please specify.

Butterfly:	_____	25	50	100
Backstroke:	_____	25	50	100
Breaststroke:	_____	25	50	100
Freestyle:	_____	25	50	100

I give permission for my child to be photographed or videotaped. This is for the use of underwater videotaping. It will only be seen by the coach and the swimmers. It is for the sole use of stroke critique.

Please sign: \_\_\_\_\_ Please Print: \_\_\_\_\_

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**The Regis College Swim Clinic offers a Regular Session and an Extended Day. We also offer three different discounts to those applicable.**

**Regular Session** – ( \$375 ) The regular 8:30 AM to 3:30 PM clinic session.

**Extended Day** – ( \$75 ) Although the swimmers are given another chance to swim, this session is less structured. It is primarily offered as a convenience for parents who can not pick up their children at 3:30 pm. Extended Day runs until 5:30 pm.

**Early Application** – Mail the application before June 1<sup>st</sup> and receive a \$25 discount.

**Family Discount** – Parents who wish to sign up more than one of their children will be offered a discount of \$25 for each of two or more children.

**Regis Faculty Discount** – A discount of \$25 is offered to children of Regis College Faculty. Please check below for discount.

Please Fill out and circle where applicable in the chart below. We expect the clinic to fill quickly so please return the application as soon as possible.

	No of Children	Regular Session	Extended Day	Early App	Family Discount	Regis Discount	Week Total
<b>Week 1</b>							
July 21 <sup>st</sup> to July 25 <sup>th</sup>	_____	375	75	-25	-25	-25	_____
<b>Week 2</b>							
Aug 11 <sup>th</sup> to Aug 15 <sup>th</sup>	_____	375	75	-25	-25	-25	_____
<b>Week 3</b>							
Aug 18 <sup>th</sup> to Aug 22 <sup>nd</sup>	_____	375	75	-25	-25	-25	_____
						Summer Total:	<input type="text"/>

[ ] Check here if you are Regis College faculty and please specify which department: \_\_\_\_\_

***A non-refundable deposit of \$75.00 per child per week is required with the Application.***

If you prefer, you can pay the full amount upfront so that you do not have to write another check later in the season. The deposit is only to secure a position at the clinic. If you choose to only pay the deposit now, the full payment will need to be paid one month before the first week of the clinic. For more information, check the website.

Please make Check payable to: **Regis College**

Mail registration and check to:

Regis College Swim Clinic  
235 Wellesley St  
Weston, MA 02493

I \_\_\_\_\_, the legal guardian of \_\_\_\_\_ authorize Regis College and all those associated with the Regis College Swim Clinic to administer general first aid treatment for any minor injuries received by my child during the clinic. If the injury sustained is life threatening or needs emergency treatment, I authorize Regis College or its representatives to summon any or all professional personnel to attend to, transport, or treat my child. If the injury sustained requires hospitalization, I understand that my medical insurance company or I is solely responsible for all bills and claims that may be filed as a result of the injury. By signing this medical release form, I further understand that I will not file any civil liability lawsuit against RegisCollege or it's representatives as a result of any injury sustained by my child during the swim clinic.