



Swim 5 more months
for the price of 3!

franco's

just keep
SWIMMING

ages 5 and up

Extended Flippers Clinic Swimming SWIM WITH THE FINS! *(swim team)*

October 20, 2020 through March 16, 2021

Did you love the swim clinic? Did it feel great to continue to improve? Did you have fun swimming with your friends? Do you want more?

FINS Swim Team wants to keep you in the water! Don't miss out on this great opportunity! You can stay in the pool from the end of this Fall Clinic to the beginning of the Spring Clinic - 4 more months!

Swim with the FINS Dolphins practice:

Monday - Thursday 5:30 - 6:30pm
and Saturday 8:30 - 10am

Swim with Group 2 FINS practice:

Monday - Friday 4:00 - 5:30pm
and Saturday 8:00 - 10am

Pricing: 3 months of FINS Dolphins dues: \$195/members, \$255 non-members (payable to FAC)

Pricing: 3 months of FINS Group 2 dues: \$240/members, \$300 non-members (payable to FAC)

Plus the USA Swimming Fee \$40 payable to FINS Swim Club

For more information call the Program Registration Desk at 985-792-0205

20-21

"JUST KEEP SWIMMING" CLINIC/DOLPHINS/FINS SWIM REGISTRATION

PARENT INFORMATION: ____ MEMBER ____ NON-MEMBER

Last Name _____

Cell _____ Email _____

Address _____

ADDITIONAL PARENT INFORMATION: Name _____

Cell _____ Email _____

SWIMMER INFORMATION:

_____, _____ (_____) _____ M / F _____
LAST NAME FIRST "LEGAL" NAME FIRST "NICKNAME" MIDDLE INT'L Date of Birth

Clinic Pricing

____ \$195 (all four months), members DOLPHINS ____ \$255, non-members DOLPHINS

____ \$240 (all four months), members GROUP 2 ____ \$300 non-members GROUP 2

PLUS All swimmers must pay a \$40 pro-rated USA Swim League fee at the time of registration

____ \$40 USA Swimming Fee (payable by check only to FINS Swim Club)

NOTE: There are no cancellations or refunds

TOTAL AMOUNT \$

MEMBERS

____ Membership Charge Account # _____

All fees are non-refundable.

NON-MEMBERS must pay by a credit card

____ Credit Card Please Circle: Visa MC AMEX Disc

Do not write in credit card number. This will be done in person.

Club Waiver Release

All signed participants desire to voluntarily utilize the services and, if applicable, facilities and equipment provided by Franco's Athletic Club. As a consideration for the right and privilege of being permitted access to Franco's Athletic Club, and if applicable, facilities and equipment, the undersigned does hereby release Franco's Athletic Club, and employees from any and all liabilities of any kind whatsoever arising out of any physical or mental injury or damage incurred or sustained by the undersigned, minor child, of the undersigned, or the undersigned property, while voluntarily preparing to use, using or cleaning up after using, any of the services and applicable facilities and equipment provided by Franco's Athletic Club; and furthermore, agrees to save and hold harmless Franco's Athletic Club, its owners, agents, and employees, for any damages or injuries arising out of the undersigned's, or the undersigned's minor child, use of the facilities, equipment and/or services. Furthermore the undersigned acknowledges that he or she has obtained independent medical approval to use the services, facilities and equipment provided by Franco's Athletic Club for themselves, or for their minor child, and that he or she has made Franco's Athletic Club aware of any limitations suggested by his/her physicians. The undersigned acknowledges and affirms that he or she has carefully read this release and has asked and obtained a satisfactory explanation of any part that he or she does not understand. The undersigned acknowledges that photos may be taken for publicity/marketing purposes and gives his/her authorization for any photos of his/herself, or of their minor child, to be used in this fashion.

Participant Signature _____ Date: _____