

# CODS Swim Program

Winter/Spring 2012 SESSION REGISTRATION  
(Please print, complete and fax or mail this form to our address below)

Parent's Names: \_\_\_\_\_

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

(City) \_\_\_\_\_ (ST) \_\_\_\_\_ (ZIP) \_\_\_\_\_ Phone: \_\_\_\_\_

Dad Work Phone \_\_\_\_\_ Dad Cell \_\_\_\_\_ Dad E-Mail \_\_\_\_\_

Mom Work Phone \_\_\_\_\_ Mom Cell \_\_\_\_\_ Mom E-Mail \_\_\_\_\_

In consideration of my child's participation in a CODS Swim Program, I will be legally bound, do hereby for myself, children, heir, executors, administrators, and assigns waive, release and forever discharge any and all rights and claims for damages which may be sustained and suffered by my children in connection with my travel to and from or participation in any and all activities of CODS Swim Program, including but not limited to all swim sessions, swim meets and meetings.

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

**No child will be allowed to swim without a signed registration form on file. Prior session consent does not apply to current session.**

Swimmer # 1: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Program: \_\_\_\_\_ Practice Days-Times: \_\_\_\_\_

Swimmer # 2: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Program: \_\_\_\_\_ Practice Days-Times: \_\_\_\_\_

Swimmer # 3: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Program: \_\_\_\_\_ Practice Days-Times: \_\_\_\_\_

If more than three swimmers, please use a second form and change Swimmer Number(s) to appropriate number.

Swimmer #1 \_\_\_\_\_ Payment Plan 1 or 2 \_\_\_\_\_ Cost: \_\_\_\_\_

Swimmer #2 \_\_\_\_\_ Payment Plan 1 or 2 \_\_\_\_\_ Cost: \_\_\_\_\_

Swimmer #3 \_\_\_\_\_ Payment Plan 1 or 2 \_\_\_\_\_ Cost: \_\_\_\_\_

Quince Orchard Swim Club Fee of \$35.00 per each child registered is included: \_\_\_\_\_

(see our website for further information about this QO Fee)

Plan 1 = Pay \$135 per child with registration - pay balance by 1/15/12.

Plan 2 = Pay \$135 per child with registration - pay 3 payments: 2/15/11, 3/15/11, 4/15/11.

Pay in full with registration.

Total Cost: \_\_\_\_\_

We accept: Visa or MasterCard or Discover Please circle card being used.

Credit Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Validation Num: \_\_\_\_\_

(The Visa/MasterCard/Discover Card validation number is the last three numbers in the signature area on back of the card.)

Please see information on our website at [www.coachondeck.com](http://www.coachondeck.com) regarding credit card payments.

Amount: \_\_\_\_\_ Name on card \_\_\_\_\_

If paying by credit card—you may fax your form to us at 301-738-8833 or send to: Coach On Deck Swimming  
If paying by check - send this form along with payment to: P.O. Box 83525  
Gaithersburg, MD 20883