



Join Our Sharks Swim Team

FILL OUT THIS REGISTRATION FORM AND SJSSA SWIMMER CONTRACT AND EMAIL THEM TO ibuethe@stocktongolfcc.com TO COMPLETE THE SIGN UP. PAYMENT DUE WITH FORMS.

MEMBER NAME: _____ MEMBER #: _____

PARENT'S NAME (IF DIFFERENT FROM MEMBER): _____

ADDRESS: _____

CONTACT NUMBER: _____

EMAIL ADDRESS: _____

NUMBER OF SWIMMERS: _____

CHILD'S FULL NAME: _____

DATE OF BIRTH: _____ AGE: _____

CHILD'S FULL NAME: _____

DATE OF BIRTH: _____ AGE: _____

CHILD'S FULL NAME: _____

DATE OF BIRTH: _____ AGE: _____

CHILD'S FULL NAME: _____

DATE OF BIRTH: _____ AGE: _____

CHILD'S FULL NAME: _____

DATE OF BIRTH: _____ AGE: _____

\$100 PER SWIMMER: \$100 X _____ = \$ _____ TOTAL DUE.

METHOD OF PAYMENT:

CHARGE TO MEMBER ACCOUNT: # _____

VISA/MC/AMEX: # _____ - _____ - _____ - _____ Exp. Date: ____ / ____ CCV _____

Signature X: _____

SAN JOAQUIN SUMMER SWIM ALLIANCE 2019 INDIVIDUAL OFFICIAL CONTRACT

This contract shall be considered effective as of the date and time filed with the San Joaquin Summer Swim Alliance and shall continue in force until the swimmer is released in accordance with the operation rules.

SWIMMER NAME		DATE	
ADDRESS		PHONE	
CITY		ZIP	
DATE OF BIRTH	AGE AS OF 6-10-19	MALE	FEMALE
IS SWIMMER A HIGH SCHOOL OR USA SWIMMING REGISTERED SWIMMER?			
YES** (team and/or school) _____ NO			
TEAM AFFILIATION			
COACH SIGNATURE			

**If swimmer is a member of USA Swimming, it is the responsibility of the swimmer to notify League Coordinator if they are entered to swim a USA Swimming meet *prior to the meet*, during the SJSSA season. Swimmer is also required to notify league coordinator *within 24 hours* of achieving of a new best time.

RELEASE

I, Understand and agree to abide by the operation rules as set down by the San Joaquin Summer Swim Alliance (SJSSA). I further agree to hold SJSSA, its officers and operation committee thereof, the City of Stockton, County of San Joaquin, Stockton, Lincoln, Lodi, and Manteca Unified School Districts, St. Mary's High School, the officers, agents or employees in their capacity as such, the staff and other participants, free and harmless from any and all liability or injury to persons or property from negligence, from dangerous or defective conditions of property, or otherwise suffered or sustained by me arising out of or in connection with my traveling to and from, and from my participation in any activity of the SJSSA. My signature authorizes SJSSA to use a photograph or similar likeness or image of myself or the child named on this form in any future advertisement or promotion from the SJSSA.

Date: _____ SWIMMER : _____

The undersigned, being the parent/guardian hereby join with him/her in granting a release and discharge to the SJSSA, City of Stockton, the County of San Joaquin, the Stockton, Lodi, Lincoln and Manteca Unified School Districts, St. Mary's High School, their officers, agents and employees, as set forth in detail above

Date: _____ PARENT/GUARDIAN: _____

Updated March 2019