PALOS VERDES BEACH AND ATHLETIC CLUB SWIM CONDITIONING REGISTRATION FORM

(Please Print)				
Student's Last Name		Student's First Name		
Address		_ City		Zip
DOB	Age of Student		Ho	me Phone
Parent		Parent's Ce	ell Phone	
	JANUARY 8TH	– FEBRUAR	Y 14TH, 2024	l .
	Days: M/W	Т	Гime: 4 – 5РМ	1
MEMBER \$195	NON-MEMEBER \$265		Cash	Check
	ACT: Please list the name and we are unable to reach anyone	•	er of a relative,	friend, neighbor or parent at work
Name	Telephone			
 Agree prior to us believe anything Acknowledge an resolve in perma actions or neglig PVBAC or not resolve in permanent disables. Assume all the formal permanent disables. Release, waive, agents, coaches activities of PVB on account of inj 	sing the PVBAC facilities, you want is unsafe, you will immediately and fully understand that you will anent disability or death, and intence of others, but from the coeasonably foreseeable at this time oregoing risks and accept respositity or death. discharge and convenient not the coeasonable of PVBAAC, all of which are here in after	will inspect the vadvise the may be engaging is social and econdition of the parent on sibility for an actor sue PVBACAC, and owner or referred to actor, disability, decording to the parent of the p	b (PVBAC) poor facilities and eq anagement of P in activities that conomic losses we premises. Furth my damages follows, its affiliates, ac rs and lessors of as "Releasees", eath or damage	duipment to be used, and if you by BAC. involve risk of injury, which may which might result not only from you her, there may be risks not known to dowing and/or caused by such injury dministrators, directors, members, of the premises used to conduct the from demands, losses, or damage caused or alleged to be caused in
GIV	EN UP SUBSTANTIAL RIGHT			JNDERSTAND THAT THEY HAVE N IT VOLUNTARILY.
STUDENT'S NA	.IVI C	/DDINT\		_
PARENT OR GU	IARDIAN	(PRINT)		
I ARLINI OR GO	ZOLVIAN	(PRINT)		
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(SIGNATURE)