



Summer Swim Clinic

For boys and girls ages 6-18. (last year to participate is the child's senior year of high school.) If your child can complete at least a 25 yard swim of each stroke, we encourage them join our swim clinic! Summer Swim Clinic meets on **Tuesdays and Thursdays from 5-6pm**. Participants practice the fundamentals of each stroke, and develop other competitive swim skills such as, strength, speed, and endurance. Registration is done on a first come first serve basis, we only offer 20 spots for swim clinic, register today to reserve your spot.

**Swim Clinic ages 6+
August 3rd – August 12th
Tuesday & Thursday 5- 6pm**

Prices Per Session:
Foundation: \$15
Member: \$20
Non-Member: \$25

Participant Name: _____ Age: _____ D.O.B. _____ Gender: M / F

Grade: _____ School Currently Attending: _____

Address: _____ City: _____ Zip Code: _____

Parent/Guardian Name 1: _____ Email (required): _____

Home Phone: _____ Cell Phone: _____

Parent/Guardian Name 2: _____ Email (required): _____

Home Phone: _____ Cell Phone: _____

Membership Status (Please Circle): Foundation Member Member Non-Member

EMERGENCY CONTACT INFORMATION

Name of Emergency Contact: _____

Relationship to Participant: _____ Phone: _____

Is there any other information that we should know about the participant which would enable us to better serve them? (physical, medical conditions, medications, allergies, etc.) _____

IMPORTANT INFORMATION:

The last day to register without a late fee of \$25, July 30, 2021. Swim Clinic is done on a first come, first serve basis, please secure your spot early to ensure you class doesn't close.

GENERAL RELEASE FORM

The undersigned participant and/or his/her guardian, in consideration of Pearce Community Center providing activities, instruction and/or supervision in all areas: swimming, gym, fitness, track, field trips and any and all activities, does hereby:

- Assume all risk of possible damage or injury involved through participation in the above noted activities.
- Request permission to participate in the activity with full knowledge that said activities could result in damage or injury to my dependent.
- Give permission to leave Pearce Community Center groups for any field trips.
- Agree to indemnify and hold harmless PCC and all employee's and/or volunteers.
- Agree to abide by the rules and regulations of Pearce Community Center as stated in its catalog.
- Grant permission to PCC, to take and use: video, photographs, and/or digital images of me, my child/children for use in news releases, promotional projects and/or educational materials.
- Request receipt of digital communication from Pearce Community Center.

Parent/Guardian Signature: _____ Date: _____

**Please complete this registration form and return with payment to Pearce Community Center
610 W. Cedar, Chillicothe, IL 61523 Questions? Contact Athletic Manager Andrew Cunningham at
(309) 274-4209 ext. 106 or acunningham@pearcecc.com**