



Seven Locks Sharks Club Registration

Available Six Weeks (Circle): June 20-24, June 27-July 1 July 5-8 July 11-15 July 18-22 July 25-29

Time: Sharks Club hours are 9 am – 5 pm Monday – Friday

Ages: Age 6 and up. **All clubbers must be able to swim one length of the pool.** Teens entering 9th grade and up may apply to be volunteers and receive community service credit.

Cost: \$250/week for Members, \$275 for Guests, Add \$25 for Sharks Club lunch provided by Vince & Dominics.

Registration: Sharks Club is open to members of Seven Locks Swim and Tennis Club and their guests. Guests must be sponsored by a Seven Locks Club member and attend the same session(s) as the member's child.

Lunch: An afternoon snack is included in the club fee. Monday – Thursday lunch may be brought from home (no refrigeration is available) or will be provided by Vince & Dominics for \$25/week.

Additional Information: Check-in each day is under the pavilion. The Club will operate in rain, but close for thunderstorms when the pool closes. Sorry, no make-ups or refunds for inclement weather. Registration is first come, first served. Payment is due upon reservation.

Name: _____ DOB: _____ Male / Female Member/ Guest
_____ DOB: _____ Male / Female Member/ Guest
_____ DOB: _____ Male / Female Member/ Guest

Parent's Name(s): _____

Address: _____

Home #: _____ Work #: _____ Cell #: _____

Primary E-mail: _____ Secondary e-mail: _____

Emergency Contact Person (Name and Phone) _____

Name/Contact for Person picking up Clubber _____

Contact Information (if different) _____

Make Check Payable to Seven Locks Swim and Tennis Club Amount Paid: _____ Check # _____

As a parent (or legal guardian) of the above named minor(s). I have verified that the information on this form is correct and I grant my permission for this minor to participate in all of the activities of this program. I assume all risks and hazards incidental to such participation, including risk of serious injury and do hereby release and waive all claims against Seven Locks Inc, its Management, its Board of Directors, Team Reps, Coaches, volunteers and other participants. I further grant permission for emergency first aid to be given to my child(ren) in case of injury. _____ (initial)

Partner / Guardian Signature _____ Date: _____

If Guest, specify the Family hosting You: _____

Return with payment to Seven Locks Swim and Tennis Sharks Club, P.O. Box 34509 Bethesda, MD 20827