

Chamberlain Pines

Swim and Tennis Club

84 Chamberlain Street, Holliston, MA 01746
(508) 429-7014 www.chamberlainpines.com

Sports Registration Form

Participant Name _____

Name of Parent _____

Address _____

Town _____ Zip Code _____

Home Phone _____

E-mail _____

(we'll send confirmation via e-mail)

Member:

Non-Member:

Check programs you are signing up for:

Mini Junior Sports Experience Half Day

Junior Sports Experience Half Day

Junior Sports Experience Full Day

Junior Tennis Immersion

Swim Lessons Level: 1 2 3 4

Swim Team Birth date __/__/__

Circle the program week(s)* desired:

Wk #1 Jun 21-24 Wk #5 July 19-22

Wk #2 Jun 28-Jul 1 Wk #6 July 26-29

Wk #3 July 5-8 Wk #7 Aug. 2-8

Wk #4 July 12-15 Wk #8 Aug. 9-12

Payment Method: Cash Check # _____

(make checks out to "Chamberlain Pines")

Amex MC Visa Discover

CC# _____

Exp. _____ v-code _____

Amount Enclosed: \$ _____

I, the undersigned, as parent or legal guardian, release Chamberlain Pines Swim & Tennis Club and its employees from any liability arising out of normal attendance in our Sports Programs and Clinics. I understand the programs are vigorous in nature.

Signature

Date