

FITNESS SWIMMING CLINIC

Registration Form

Fill out this form completely. (Please print.)

Participant Name: _____ Age: _____

Address: _____ State: _____ Zip Code: _____

Phone #:(day) _____ (night): _____

E-mail: _____

- The registration period will end approximately 7 days prior to the session. If space is available, we will accept late registration.
- To register, complete this waiver, and submit it with the class fee to the sales office. **Be sure to get a receipt.**
- Check in and show receipt at the registration table in the Natatorium the first night of class.
- No Refunds or Rollovers will be granted after the first week of classes. Refunds will follow The University of Southern Mississippi policy and guidelines and may take up to 6 weeks for reimbursement.

Amount Paid: _____ Employee Initials: _____ Date: _____

Invoice #: _____



**SOUTHERN MISS
RECREATIONAL SPORTS**

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Red Cross**

Together, we can save a life