



Swim Lesson Registration

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Participant Name: _____

Parent Name: _____

Home Phone Number(s): _____

Session: _____
(Example: April Session)

Class: _____
(Example: Pre-K)

Time: _____
(Example: 6:00-6:30)

Date of Birth: _____

Age: _____ Male ___ or Female ___

Mailing Address _____

City _____ State _____ Zip _____

Phone _____ Emergency Contact _____

Emergency Number _____

Medical Conditions/Special Needs _____

Please tell us how you heard about this program: _____

Please read and sign:

WAIVER OF LIABILITY: I fully assume and understand the risks of participating in Swim Lessons including death and injury due to falls, collisions with other participants, actions by hostile humans, uneven pavement, obstructions, adverse weather, sudden illness and all other risks. I attest that I am physically fit to participate. I authorize program staff, suppliers, contractors, and anyone else connected with the organization of this program, from any claim or lawsuit that may be brought at any time by me, my family, estate, heirs or assigns, arising from my participation in this program or the instruction I received.

WAIVER FOR PUBLICITY: I agree that images taken of me during this program may be used in any legal manner without payment to me. I have read and understand the terms of this document. I make this agreement and pay the program fee in exchange for the privilege of participating under the conditions of the program.

Parent/Guardian Signature

Date