

GROUP SWIM LESSON REGISTRATION FORM 2016

Please check session and class:

September 7-September 25 _____

October 3-October 28 _____

October 31- November 25 _____

December 5-December 16 _____ *Optional 2 Week Session*

Monday & Wednesday	4:00-4:30 Beginner	4:30-5:00 Advanced Beginner	5:00-5:30 Intermediate	5:30-6:00 Swimmers
Tuesday & Thursday	4:30-5:00 Beginner	5:00-5:30 Advanced Beginner	5:30-6:00 Swimmers	
SPECIAL GROUP (4 lessons) -				

INFORMATION AND CONSENT GUARDIAN

- As parents/guardians, our approval is given for our child to participate in this program. I/we assume all risks and hazards incidental to such participation and do hereby waive, release, absolve, indemnify and agree to hold harmless the organizers, sponsors, instructors and participants working with my child for any claim arising from injury to myself or my/our child. Furthermore, in case of emergency, and my child should require medical attention, I give my permission to West Seattle Health Club employee or designee, to secure the emergency medical attention required. ***Any direction to the contrary should be noted and signed.***
- (I am) or (We are) responsible for and will pay the full amount prior to the first set of lessons.
- No Makeup Classes.** Only exception is if instructor ill or pool closed.
- I agree that pictures taken during program hours may be used for future promotional purposes.
- As parents, I/we pledge our support to West Seattle Health Club Swim Lesson Program. We will do our part in assisting our child and his/her instructor so that the program and its objectives can be accomplished.
- I/we understand that any adverse behavior on the part of our child or myself/ourselves will result in the suspension of our privileges from this program.

Parent / Guardian Signature: _____ Date: _____

Please return registration with full payment by January 31st, 2016.

~~4 weeks of lessons (8 lessons): \$60 members, \$80 nonmembers/Special Group (4 lessons): \$45 member, \$60 nonmember~~

Participant Information:

Student Name: _____ Age: _____ Gender: _____

Parent/Guardian Name: _____

Phone: _____ Mobile: _____ Other: _____

Email Address: _____

Additional Participant(s): If enrolling additional participant(s), please list on back.

Medical Information: Does the student have any medical condition of which the instructor should be aware? (For example, diabetes or suffers from seizures.) If yes, please explain.