



Swimming Lesson Registration

NAME _____ Age _____ BIRTHDATE _____
ADDRESS _____ PHONE _____
PARENT OR GUARDIAN _____ WORK PHONE _____ CELL PHONE _____
DOCTOR _____ PHONE _____
In case of emergency call: NAME _____ PHONE _____

PLEASE PLACE AN "X" NEXT TO THE SESSION AND LEVEL

Table with 4 columns: Session, Dates, No. Classes, Fees. Rows include Winter Session 1 (Monday Wednesday, Tuesday Thursday, Saturday) and Winter Session 2 (Monday Wednesday, Tuesday Thursday, Saturday).

Monday and Wednesday 10:00-10:30 Toddler _____

Table for Tuesday and Thursday sessions with columns for Toddler, Level 1, Level 2, Level 3, Jr. 2, Jr. 3 and rows for 5:30-6:00, 6:05-6:35, 6:40-7:10.

Table for Saturday sessions with columns for PT1, PT2, Toddler, Level 1, Level 2, Level 3, Jr. 1, Jr. 2, Jr. 3 and rows for 9:00-9:30, 9:35-10:05, 10:10-10:40, 10:45-11:15.

Special Needs: If yes, please explain in detail

Learning Disabilities: [] No [] Yes _____
Physical Limitations: [] No [] Yes _____
Social or developmental concerns: [] No [] Yes _____
Fear of water or past traumatic event: [] No [] Yes _____
Other medical concerns: _____

PLEASE READ CAREFULLY AND SIGN:

_____ HAS MY PERMISSION TO PARTICIPATE IN THE FIVE POINTS WASHINGTON SWIMMING PROGRAM. IN THE EVENT THAT I CANNOT BE REACHED DURING AN EMERGENCY, I(WE) THE UNDERSIGNED GIVE PERMISSION FOR MY CHILD TO BE TREATED BY A LICENSED PHYSICIAN, AND FOR SAID PHYSICIAN TO ADMINISTER WHATEVER CARE IS NECESSARY, INCLUDING ANESTHESIA FOR THEIR SAFETY AND CARE. THE CHILD'S FAMILY WILL BE RESPONSIBLE FOR ALL OF THE ASSOCIATED MEDICAL EXPENSES. ALSO I(WE) WAIVE AND RELEASE ANY RIGHT AND CLAIMS I (WE) MAY HAVE AGAINST FIVE POINTS WASHINGTON, AND ALL MEMBERS OF FIVE POINTS BOARD FOR ANY AND ALL DAMAGES WHICH MAY BE SUFFERED BY MY CHILD IN CONNECTION WITH HIS/HER ASSOCIATION WITH THE SWIMMING PROGRAM.

I also understand that pictures may be taken for promotional consideration and may be used in future publications and advertisements.

SIGNATURE OF PARENT _____ DATE _____

Date Paid _____ Amount _____