



FIVE POINTS

WASHINGTON

1/09

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

Monday and Wednesday Winter 1- Jan. 5-28 _____ Winter 2- Feb. 2-25 _____ Winter 3 Mar. 9-April 1 _____

9:30-10:00 Parent-Tot 2 _____
 10:00-10:30 Toddler 1 _____
 10:30-11:00 Toddler 2 _____

Winter Session 1

Tuesday & Thursday _____
 Saturday _____

Dates	No. Classes	Fees
January 6-29	8	\$30 Memb./\$40 Non
January 10-31	4	\$15 Memb./\$20 Non

Winter Session 2

Tuesday Thursday _____
 Saturday _____

February 3-26	8	\$30 Memb./\$40 Non
February 7-28	4	\$15 Memb./\$20 Non

Winter Session 3

Tuesday Thursday _____
 Saturday _____

March 10-April 2	8	\$30 Memb./\$40 Non
March 7-28	4	\$15 Memb./\$20 Non

Tuesday and Thursday

6:00-6:30
 6:35-7:05
 7:10-7:40

PT1	PT2	Toddler	Level1	Level 2	Level 3	Jr. 1	Jr. 2	Jr. 3

Saturday

9:00-9:40
 9:45-10:25
 10:30-11:10

PT1	PT2	Toddler	Level1	Level 2	Level 3	Jr. 1	Jr. 2	Jr. 3

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** _____