

Private Swim Lessons Registration Form

Call Date: _____ Date Given to Instructor: _____ Instructor: _____

Student's Last Name	Student's First Name	M	F	Age
Contact Name:			Relationship:	
Primary Phone Number:	E-mail:			
Staff Initials: _____				

Skill Level and Notes:

Preferred Dates & Times:

(Use Pencil)

Date Pd.: Amt. Pd.: Receipt #:

Date of Lesson:	Time:	Date Pd.:	Amt. Pd.:	Receipt #:
Date of 1st Lesson:	Time:			
Date of 2nd Lesson:	Time:			
Date of 3rd Lesson:	Time:			
Date of 4th Lesson:	Time:			
Date of 5th Lesson:	Time:			
Date of 6th Lesson:	Time:			
Date of 7th Lesson:	Time:			
Date of 8th Lesson:	Time:			
Date of 9th Lesson:	Time:			
Date of 10th Lesson:	Time:			

1) I hereby agree if the student misses a scheduled lesson without a 24-hour prior notice, the lesson is forfeited.
 2) I hereby assume all risks and hazards pertaining to my participation in all Community Aquatic and Skate Park activities and use of facilities including transportation to and from said activities. I further waive, release, absolve, indemnify and agree to hold harmless the organizers, volunteers, supervisors, officers, directors, participants, coaches, referees, as well as persons or parents transporting participants to or from such activities from any claims arising out of any injury sustained during my use of facilities or participation in any activity whether located on property or not.

Signature (Parent if under 18)

Date

Please print name)