

Group Swim Lessons Registration Form

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

Session: 1 2 3

CLASS: DATE: _____ **TIME:** _____

ADDITIONAL CLASS: DATE: _____ **TIME:** _____

Parent/Shrimp: Level 1 Level 2 Level 3

Sunfish: **Seahorse:** **Starfish:**

Marlin: **Dolphin:** **Sailfish:**

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)**

FORM OF PAYMENT

(Make checks payable to: City of Rockport)

Cash: <input type="checkbox"/>	<div style="border: 1px solid black; height: 100px; width: 100%;"></div>
Check #: <input type="checkbox"/>	
Credit Card: <input type="checkbox"/>	

** All classes are subject to change based on enrollment.*