



MEMBER

NON-MEMBER

Swim Lesson Registration Form

Parent / Guardian Information:

Name: _____ (_____)
FIRST LAST FAMILY NAME, IF DIFFERENT

Street Address: _____

City: _____ State: _____ Zip: _____

Telephones: (_____) HOME ; (_____) CELL ; (_____) WORK

E-mail Address: _____

Preferred method of contact: Phone: (please specify: home cell work) Mail E-mail

Emergency Information:

Name: _____
FIRST LAST

Telephones: (_____) HOME ; (_____) CELL ; (_____) WORK

Relationship: _____

Please indicate if any of the following conditions pertains to your child:

- Hypertension
- Asthma
- ADD/ADHD
- Diabetes
- Epilepsy
- Special Needs (please specify): _____

Class Information:

Participant's Full Name	Age	Class Name	Day	Time	Fee

NOTE:

- **Cancellations:** For a full refund, you must cancel at least 5 days prior to the start date of class.
- **Make-ups:** We do not offer make-up classes unless the club had canceled the individual class.
- Temporary membership cards must be shown at the front desk upon arrival.
- Parents must remain in the club during swim lessons.

Sub-total of lesson fees:	\$
Plus 6% CT Sales Tax:	\$
Grand Total Due:	\$

For office use only

Cash Check: # _____

Credit Card: A D M V Staff Initials: _____

WAIVER: I accept full responsibility for my (my child's) participation in this program and my (his/her) use of any and all apparatus, appliances, facility privilege or service whatsoever, owned and operated by the club, at my own risk and shall not hold the club, its shareholders, directors, officers, employees, representatives and agents harmless from any and all loss, claim, injury, damage or Liability sustained or incurred by use resulting therefrom.

Signature: _____ **Date:** _____
Parent / guardian signature required for all participants under 18 years of age.