



Swim Lesson Registration

Participant Information

Child's Last Name: _____ First: _____ Middle Initial: _____

Date of Birth: _____ Gender: Male Female

Parent/Guardian's Last Name: _____ First: _____

Street Address: _____ City: _____ State: _____ Zip code: _____

Guardian's Phone: _____ Emergency Contact and Phone #: _____

Does your child have any medical issues or take any medications? Yes No If yes, please explain. _____

Requested Class

Beginner Advanced Beginner Intermediate Stroke Development Stroke Refinement

By signing below you agree to the following:

- You must be a member in good standing of the Chancellor Swim Club.
- You must remain at the pool with your child during the swim lessons.
- A check of the full amount (\$50) must accompany this registration form to secure your child's spot in the class.
- If it is determined by the instructor that your child is registered in a class that is not appropriate for him/her, they may be moved to a different level if warranted and there is an open slot in that class. Otherwise, you child will be dropped from the class and you will be reimbursed your registration cost.
- All rules and regulations of the Chancellor Swim Club apply.
- You agree to indemnify and hold harmless Chancellor Swim Club, and the officers, employees, and the agents thereof, and Chancellor Swim Club authorities, from any and all claims of liability, including attorney's fees and costs for any personal injury or other damages suffered as a result of participating in swim lessons.

Parent/Guardian Signature: _____ Date: _____



Administrative Use

Date of Receipt: _____ Time of Receipt: _____

Executive Director's Signature: _____ Date: _____

Paid in Full: Yes No Class Assigned: _____ Student #: _____