

Santa Rosa Swimming Lessons

Registration Information

Family Last Name _____, Email _____

Child #1 name _____, Age _____, Allergies _____

Child #2 name _____, Age _____, Allergies _____

Child #3 name _____, Age _____, Allergies _____

Child #4 name _____, Age _____, Allergies _____

Address: _____ City/Zip _____

Mother:

First & Last Name _____, Phone #'s _____

Father:

First & Last Name _____, Phone #'s _____

Emergency Contact:

First & Last Name _____, Phone #'s _____

Special Notes _____

Lesson costs:

20 Minute Private Lesson	\$20
30 Minute Private Lesson	\$30
30 Minute Semi-Private Lesson	\$18/swimmer
20 Minute Parent & Tot Private Lesson	\$20
30 Minute Parent & Tot Semi-Private Lesson	\$18/swimmer
30 Minute Family Lesson	\$36/family

Any exceptions/notes/vacations _____

Signing up with other families/friends: _____

Signature _____

I Understand: (Please initial below)

_____ Payment must be made in the drop box on the pool deck before the start of the first scheduled lesson.

_____ If I cancel a lesson for any reason I must schedule a makeup within 1 week, and use the makeup within 3 weeks from the day of the missed lesson.

_____ I understand that there are no refunds for unused lessons.

_____ I understand that lessons are provided at a private residential pool, and I will be expected to be on the premises no more than 10 minutes before/after my scheduled lesson time.

WAIVER/RELEASE OF LIABILITY

PLEASE READ CAREFULLY BEFORE SIGNING.

THIS IS A RELEASE OF LIABILITY AND WAIVER OF CERTAIN LEGAL RIGHTS.

I, _____, the enrolled participant and/or the parent/guardian of the participant agree and understand that swimming is a HAZARDOUS activity. I recognize that there are risks inherent in the sport of swimming, including but not limited to, paralyzing injuries and death.

The participant hereby agrees to participate in swimming lessons and hereby agrees to indemnify and hold harmless Kristin Green, its coaches, officers, directors, agents and employees against any liability resulting from any injury that may occur to the participant while participating in swimming lessons. The participant also agrees to indemnify Kristin Green for any damages incurred arising from any claims, demand, action or cause of action by the participant.

The participant authorizes any representative of Kristin Green to have the participant treated in any medical emergency during their participation in swimming lessons. Further, the participant and/or parent/guardian agrees to pay all costs associated with medical care and transportation for the participant.

I have noted on the back of this form any medical/health problems of which the staff should be aware.

I HAVE CAREFULLY READ THE ABOVE LIABILITY RELEASE AND SIGN IT WITH FULL KNOWLEDGE OF ITS CONTENTS AND SIGNIFICANCE.

Signed: _____ Date: _____
(Participant or Parent/Guardian)