_____ / _____ / _____
Class Level Session AM or PM

# SWIM LESSON REGISTRATION FORM

## PARTICIPANT INFORMATION

PARTICIPANT'S NAME CURRENT AGE BIRTH DATE

PARENT / GUARDIAN (FOR PARTICIPANTS UNDER 18) MEMBER #

HOME ADDRESS PHONE (HOME)

CITY / STATE / ZIP PHONE (WORK)

EMAIL ADDRESS

PARTICIPANT'S STRONGEST ABILITIES (EX.- CAN PUT FACE IN WATER, SWIM 200 YARDS IN 4 MINUTES, ETC.)

SPECIAL NEEDS, CONCERNS, OR COMMENTS

## WAIVER

I, for myself or as parent or guardian, hereby assume all risks and hazards incidental to the conduct of the activities and transportation to and from the activities. I release and absolve and indemnify TTS, Inc., SAP, Inc. PAS, LLC, Sunset Ridge Racquet and Swim Club, employees of the Club, volunteers and or sponsors from all risks and hazards associated with the activity and in the event of injury, do expressly waive all claims against them.

## CANCELLATION POLICY

Cancellations received 1 week prior to the start of class will be entitled to a full refund. After that date, a cancellation fee of $10 will be charged. A pro-rated refund may be made upon instructor recommendation.

**Participant's / Parent's Signature** **Date**

***OFFICE USE ONLY / DO NOT WRITE BELOW THIS LINE***

DATE RECEIVED:_____ AMOUNT PAID:_____ Check # _____ or Cash INSTRUCTOR: _____