

# 2018 South Putnam Summer Swim Group Class Registration

Parent/Guardian Information:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Swimmer(s) Information:

1. \_\_\_\_\_ Age: \_\_\_\_\_

2. \_\_\_\_\_ Age: \_\_\_\_\_

3. \_\_\_\_\_ Age: \_\_\_\_\_

4. \_\_\_\_\_ Age: \_\_\_\_\_

NUMBER OF SWIMMERS @ \$35 EA: \_\_\_\_\_ TOTAL COST: \_\_\_\_\_

Please circle your first choice for both session and time:

SESSION:

#1 - Monday - Friday, May 21-June 1 (NO CLASS MONDAY, MAY 28)

#2 - Monday - Friday, June 4-15

#3 - Monday - Friday, June 18-29

TIME:

Session #1 - 3:30pm 4pm

Session #2 - 9:45am 10:15am 11am 11:30am

Session #3 - 9:45am 10:15am 11am 11:30am

### Waiver

In consideration of the foregoing, I for myself, my heirs, executors and administrators waive and release any and all rights and claims for damages I may have against this organization, its members, both individually and as a group for any and all claims of damages, demands, or actions whatsoever that may arise as a result of my child's participation in this program. I attest that my child is physically fit and has been released to participate (if under a doctor's care). I understand that there are no prorated fees, and that I am financially responsible for the non-refundable fees outlined above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Paid	Cash	Check #