

2019 South Putnam Learn-to-Swim Registration

Parent/Guardian Information:

Name: _____

Phone: _____ Email: _____

Address: _____

Swimmer(s) Information:

1. _____ Age: _____

2. _____ Age: _____

3. _____ Age: _____

4. _____ Age: _____

NUMBER OF SWIMMERS: _____ @ \$40 ea

TOTAL COST: _____

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: _____

Amt Paid	Cash	Check #

SESSION:

#1 - Monday - Friday, May 20-31 (NO CLASS MONDAY, MAY 27)

#2 - Monday - Friday, June 3-14

#3 - Monday - Friday, June 17-28

TIME:

Session #1 - 4:45pm 5:15pm

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

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