



City of Winters 2010 Swim Lesson Registration Form

Cost: _____ \$65 per child/per session _____ Private Lesson: \$100 per child/per session
 Session Date _____ Time _____

Participant Information

Name: _____ Age: _____ Sex (M/F): _____

Address: _____

Phone #: (____) _____ Emergency #: (____) _____

E-mail Address (please check for updates): _____

Describe Prior Swimming Experience & Swimming Capabilities: _____

To Parents & Guardians:

I hereby certify that the above named child is in normal health and is capable of participating safely in the City of Winters Swim Lessons.

PRINT NAME: _____

SIGNATURE: _____ DATE: _____

Swim Sessions and Classes:

<u>Session I:</u>	<u>12:30pm-1:00pm</u>	<u>1:15pm-1:45pm</u>	<u>5:15pm-5:45pm</u>
June 7 th to	<input type="checkbox"/> Parent & Tot	<input type="checkbox"/> Parent & Tot	<input type="checkbox"/> Parent & Tot
June 18 th	<input type="checkbox"/> Kinder	<input type="checkbox"/> Kinder	<input type="checkbox"/> Kinder
	<input type="checkbox"/> Beginner I	<input type="checkbox"/> Beginner I	<input type="checkbox"/> Beginner I
	<input type="checkbox"/> Beginner II	<input type="checkbox"/> Beginner II	<input type="checkbox"/> Beginner II

<u>Session II:</u>	<u>12:30pm-1:00pm</u>	<u>1:15pm-1:45pm</u>	<u>5:15pm-5:45pm</u>
June 21 st to	<input type="checkbox"/> Parent & Tot	<input type="checkbox"/> Parent & Tot	<input type="checkbox"/> Parent & Tot
July 2 nd	<input type="checkbox"/> Kinder	<input type="checkbox"/> Kinder	<input type="checkbox"/> Kinder
	<input type="checkbox"/> Beginner I	<input type="checkbox"/> Beginner I	<input type="checkbox"/> Beginner I
	<input type="checkbox"/> Beginner II	<input type="checkbox"/> Beginner II	<input type="checkbox"/> Beginner II

<u>Session III:</u>	<u>12:30pm-1:00pm</u>	<u>1:15pm-1:45pm</u>	<u>5:15pm-5:45pm</u>
July 5 th to	<input type="checkbox"/> Parent & Tot	<input type="checkbox"/> Parent & Tot	<input type="checkbox"/> Parent & Tot
July 16 th	<input type="checkbox"/> Kinder	<input type="checkbox"/> Kinder	<input type="checkbox"/> Kinder
	<input type="checkbox"/> Beginner I	<input type="checkbox"/> Beginner I	<input type="checkbox"/> Beginner I
	<input type="checkbox"/> Beginner II	<input type="checkbox"/> Beginner II	<input type="checkbox"/> Beginner II

<u>Session IV:</u>	<u>12:30pm-1:00pm</u>	<u>1:15pm-1:45pm</u>	<u>5:15pm-5:45pm</u>
July 19 th to	<input type="checkbox"/> Parent & Tot	<input type="checkbox"/> Parent & Tot	<input type="checkbox"/> Parent & Tot
July 30 th	<input type="checkbox"/> Kinder	<input type="checkbox"/> Kinder	<input type="checkbox"/> Kinder
	<input type="checkbox"/> Beginner I	<input type="checkbox"/> Beginner I	<input type="checkbox"/> Beginner I
	<input type="checkbox"/> Beginner II	<input type="checkbox"/> Beginner II	<input type="checkbox"/> Beginner II

_____ **PLEASE COMPLETE THE WAIVER OF LIABILITY/MEDICAL RELEASE/ INDEMNIFICATION AGREEMENT ON THE REVERSE SIDE.**