

SATURDAY SWIMMING LESSONS AT TRAILS
SRSRC Summer 2012 Swim Lesson Registration
Classes are Saturdays for 4 consecutive weeks
(4 half-hour lessons)

FOR OFFICE USE:
Method of Payment:
Ck#: _____ \$: _____ OC: _____
CC: MC V Amex
Date: _____/_____/2012
Initials: _____

PLEASE CHECK THE SESSION AND THE TIME YOU WISH UNDER THE APROPRIATE SWIM CLASS LEVEL. REFER TO THE BACK OF THIS REGISTRATION FORM FOR DETAILS WHICH MAY ASSIST YOU IN CHOOSING YOUR CHILDRENS SWIM CLASS.

SESSION DATES	COST PER SESSION
<input type="checkbox"/> Session A: June 16, 23, 30, July 7	Members: \$50 Non-Members: \$75
<input type="checkbox"/> Session B: July 14, 21, 28, August 4	Members: \$50 Non-Members: \$75
<input type="checkbox"/> Session C: August 11, 18, 25, September 1	Members: \$50 Non-Members: \$75

CLASS LEVELS AND TIMES

PARENT TOT	FLOUNDER	GRUNION I	GRUNION II
<input type="checkbox"/> 10:35-11:05	<input type="checkbox"/> 10:00-10:30	<input type="checkbox"/> 10:00-10:30	<input type="checkbox"/> 10:00-10:30
		<input type="checkbox"/> 11:10-11:40	<input type="checkbox"/> 11:45-12:15

SHRIMP I	SHRIMP II	SEAHORSE	SEALS
<input type="checkbox"/> 10:35-11:05	<input type="checkbox"/> 11:10-11:40	<input type="checkbox"/> 11:45-12:15	<input type="checkbox"/> 11:10-11:40
<input type="checkbox"/> 11:45-12:15			

- 4 SATURDAY LESSONS: SESSIONS A, B, & C: MEMBERS \$50.00 NON-MEMBERS \$75.00
- CONSENTS TO PARTICIPATE IN SWIM LESSON ACTIVITIES: LIFEGUARDS, SWIM INSTRUCTORS, AND SRSRC STAFF.
- IN THE EVENT OF INJURY I HEREBY GIVE MY PERMISSION FOR THE AQUATICS STAFF TO TREAT MY CHILD TO THEIR TRAINED ABILITIES.
- I WAIVE ALL CLAIMS AGAINST SRSRC, THEIR OFFICERS, AGENTS, OR EMPLOYEES FOR INJURIES, ACCIDENTS, ILLNESS, OR DEATH OCCOURINGDURING OR BY REASON OF SAIKD ACTIVITY.
- FURTHER I CONCENT TO THE MEDICAL TREATMENT THAT IS DEEMED ADVISABLE AND/OR NECESSARY BY EMERGENCY PERSONNEL.

ARE THERE ANY CONDITIONS THAT THE ATTENDING PERSONNEL SHOULD BE AWARE OF WHILE RENDERING NECESSARY AID? PLEASE ELABORATE IN THE LINES BELOW:

Childs Name: _____ Age: _____ Member #: _____ / Non-Member

Parents Printed Name- _____ Parents Signature- _____

Date: _____/_____/201 Phone Number: (_____) _____

Emergency Notification- Name: _____ Phone #: _____