## 2016 Blowing Rock Parks and Recreation Swim Lesson Registration



Amt pd.	
Date	
Rec. #	
Check#_	
Staff	

All swim lessons are taught by Red Cross Certified instructors and lifeguards according to Red Cross recommended standards for lessons. Class ratio will be no more than 1:10. Classes are Monday-Friday. Rained out classes may be made up on Saturdays.

Child's Name	Age	Birthdate	
Child's Name	Age	Birthdate	
Child's Name			
Address			
Mailing Address (if different)	City	State	Zip
Parent/Guardian Name			
Parent/Guardian Name			
Additional Contact #'s			
Email Address			
Swim lesson dates and fees: PLEASE YOUR CHILD FOR AND THE LEX PARTICIPATE IN. Classes are limited to 10 children per Pool Member fee: \$40.00 Non-Member fee: \$60.00 Private Lessons (10 sessions): \$100.00 Swim lesson dates: PLEASE INDICA YOUR FIRST CHOICE IS FULL. Session 1—Monday, June 20- Friday, July Session 2—Monday, July 4- Friday, July Session 3—Monday, July 18- Friday, July Session 4—Monday, August 1- Friday, Au Swim Lesson 10:20-10:50am Level 1 & 2 – Intro. to Wa 9:40-10:10am Level 2 & 3 – Stroke Devel 8:45-9:30am Level 5 & 6 – Stroke Refin 5:30-6pm Level 4 – Stroke Improver Adult lessons - scheduled Refund policy: Refunds will only be ma to the start of the session. A \$5.00 admin I have read and understand the refund p AUTHO I/We the parents of the above named child wh Swim Lessons Program hereby give my/our ap current session. By authorization, I/We he supervision and acknowledge that I/We have spoken with the supervisor or waive the right participation in certain recreation activities wh Recreation Department, and that immediately	CHECK THE SESSION TEL THAT YOU WISH THAT YOU WISH TEL THAT YOU WISH THAT	ASE Rock Parks and Rest in any and all poon and accept the set the premises and erstand there are certific participant or to the week the participant or to the week the poposition of the premises and the participant or to the premises and the participant or to the participant or to the poposition of the participant or to the par	EVENT THAT  EVENT THAT  eveek (7 days) prior ands.  ecreation Department of activities during the facilities, equipment, equipment and have retain risks inherent in the Town's Parks and retunity to inspect the
facility or equipment and to notify the supervision and have the choice whether or n Town of Blowing Rock and its employees from suits of any nature or description, including recould be based on the qualification of the instruction that the program names above.	ot to participate in said progr om any and all damages, clain asonable attorneys fees, on bel	am or activity. I/V ns, injuries, actions half of the names al	We hereby release the , causes of action, or bove, which would or
Parent/Guardian Signature	Date		