



Summer 2020 Group Lesson Application Date: _____

Swimmer's Name: _____

Age at time of Class: _____ Birth Date: _____

Sessions: Circle and number 1st, 2nd, 3rd choices OR Indicate if you are signing up for all choices circled

<u>Session 1</u>	<u>Session 2</u>	<u>Session 3</u>
June 1 -June 12	June 15 – June 26	June 29 – July 10
10:00 – 10:40 (3 yrs.)	10:00 – 10:40 (3 yrs.)	10:00 – 10:40 (3 yrs.)
10:50 – 11:30 (4-5yrs.)	10:50 – 11:30 (4-5yrs.)	10:50 – 11:30 (4-5yrs.)
11:40 – 12:20 (6&Up Beg.)	11:40 – 12:20 (6&Up Beg.)	11:40 – 12:20 (Adv. Beg.)

NO CLASSES July 4th

Parent or Guardian's Name: _____

Address: _____

City _____ Zip Code _____

Home Phone _____ Cell Phone _____

Physician's Name _____ Physician's Number _____

E-mail Address _____

Tell us about your child's swimming abilities, including past experiences (good or bad) and comfort level in the water.

Does your child have any challenges or special needs that we are to be aware of? If so, briefly state here.

Swim Smart teaches progressive swim skills at every skill level with emphasis on safety skills. The classes are grouped by age and the small class size allows us the opportunity to work with each child on his/her skill level. The students will be encouraged, motivated and learn as they watch each other practice the skills being introduced. Every class, no matter what age group will start with the basics and progressively work up to the more advanced swim skills. Keep in mind each child is different and will master the introduced skills at his/ her own pace according to his/her age, comfort level, developmental stage, coordination and motivation.

Lessons: \$80/Session Paid: Cash _____ Check # _____ OR PayPal.me/LindaB309 (add note)

Swim Smart Victoria
Waiver/ Release
RELEASE OF LIABILITY FOR MINOR & ADULT PARTICIPANTS
READ BEFORE SIGNING

IN CONSIDERATION OF _____, myself, or my child/ward, being allowed to participate in any way in the **Swim Smart Lessons or Tsunami Swim Team** related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury to my child/ward from the activities involved in these programs is significant, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. I FOR MYSELF, SPOUSE, AND CHILD/WARD, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for myself, or my child/ward's participation; and,
3. I willingly agree to comply with the program's stated and customary terms and conditions for participation. If I observe any unusual significant concern in my child/ward's readiness for participation and/or in the program itself, I will remove myself, or my child/ward from the participation and bring such attention of the nearest official immediately; and,
4. I for myself, my spouse, my child/ward, and on behalf of my/our heirs, assigns, personal representatives and next of kin, **HEREBY RELEASE AND HOLD HARMLESS Swim Smart Lessons or Tsunami Swim Team;** its directors, officers, officials, agents, employees, volunteers, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property incident to my child/ward's involvement or participation in these programs, **WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE,** to the fullest extent permitted by law.
5. I, for myself, my spouse, my child's/ward, and on behalf of my/our heirs, assigns, personal representatives and next of kin, **HEREBY INDEMNIFY AND HOLD HARMLESS** all the above Releasees from any and all liabilities incident to my child's/ward's involvement or participation in these programs, **EVEN IF ARISING FROM THEIR NEGLIGENCE,** to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

(SELF, PARENT/GUARDIAN SIGNATURE)

(PRINT NAME)

Date Signed: _____

UNDERSTANDING OF RISK

I understand the seriousness of the risks involved in participating in this program, my personal responsibilities for adhering to rules and regulation, and accept them as a participant.

(PARTICIPANT SIGNATURE)

(PRINT NAME)

Date Signed: _____