

# Swim Lesson Registration Form

FALL, Session 2, 2018

*October 29, 2018 – December 15, 2018*

*No refunds for missed classes and no makeups*



SEACOAST  
SPORTS CLUB

Parent's Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_/\_\_\_\_\_-\_\_\_\_\_ (We use this number in case of a last minute cancellation. We will text)

Email Address: \_\_\_\_\_

Child's name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_

Child's name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_

Child's name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_

<u>Classes</u>	<u>Students/Class</u>	<u>Member Price</u>	<u>Non-Member Price</u>	<u>TOTAL</u>
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<b>One time per week</b>	<b>5-9</b>	<b>\$100</b>	<b>\$135</b>	
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**Number of Children enrolled** \_\_\_\_\_

**A \$5 reduction per child after the first one**

**TOTAL DUE:** \_\_\_\_\_

\*\*\*\*Medication restrictions or medications \*\*\*\*

Y or N Please explain \_\_\_\_\_

•The member/guardian acknowledges and accepts the risks inherent in the use of SSC services and facilities. By use of the SSC facilities and services, the member hereby voluntarily assumes the risks of injury, accident, death, loss, cost, or damage to his or her person or property which might arise from the use of SSC services or facilities. The member, his or her executors, representatives, or assigns, hereby releases SSC from all claims or liabilities for personal injury or property damage of any kind sustained by the Member while on the premises of SSC except for injuries or damage directly caused by the willful misconduct of the officers, employees, or agents of SSC. Member further certifies that he or she is in good physical health and able to undertake and engage in the physical exercise or sports activities in which he or she chooses to participate.

•If an emergency arises while your child is participating in swim lessons on the property or at an event off the property, please initial if you consent for SSC employee to seek medical attention. \_\_\_\_\_. If you do not wish for this assistance please provide written documentation of the procedure to follow.

•I certify that my child [children] has recently consulted with a personal physician by telephone or in person BEFORE taking part in any physical activity.

• I certify that I have read and understand the terms of this legal and binding agreement as well as the membership bylaws, club rules and regulations, and agree to abide by such rules and regulations.

Sign: \_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

All classes held at our Greenleaf facility. Questions, contact Roxann Sullivan at

[Roxann@seacoastsportsclubs.com](mailto:Roxann@seacoastsportsclubs.com)

**[www.seacoastsportsclubs.com](http://www.seacoastsportsclubs.com)**

603.436.6664