SUMMER SWIM LESSONS REGISTRATION

Triangle Aquatics

Mail completed registration forms with payment to **TAC, Attn: Kendra, 275 Convention Dr, Cary NC 27511**
Questions? Contact Kendra (kbescher@triangleaquatics.org), TAC 459-4045, or www.triangleaquatics.org.

POOL: _____

Child's Name: _____ **Birthdate:** _____ **Age:** _____ **Today's Date:** _____

Parents' Names: _____

Address: _____**City:** _____**Zip Code:** _____

Home Phone: _____ **Work Phone:** _____**Father's Cell:** _____ **Mother's Cell:** _____

Email: _____

Emergency Contact: _____ **Relation:** _____**Phone:** _____

Any allergies or illnesses? No or Yes (please describe): _____

Has your child been in swim lessons before? Yes or No
If yes : How long? _____ What level did your child reach? _____

Please give a brief description of your child's swimming abilities:

_____

_____

Based on the Swim Lesson Flyer, in what level would you place your child? (Circle one**)** **Level 1** **Level 2** **Level 3**

I would like to register my child for (please check)

_____ Group Lessons: Please refer to website for available times:

- _____ **Session 1: June 15, 2009 to June 25, 2009** **Time?**_____
- _____ **Session 2: June 29, 2009 to July 9, 2009** **Time?**_____
- _____ **Session 3: July 13, 2009 to July 23, 2009** **Time?**_____
- _____ **Session 4: July 27, 2009 to August 6, 2009** **Time?**_____

_____ **Semi-Private Lessons** Preferred days/time? _____
_____ **Private Lessons** Preferred days/time? _____

WAIVER: I hereby recognize and acknowledge that my or my child's participation in recreational activities may involve bodily and/or emotional injury to myself and/or my child. In consideration of myself and my child being able to participate in such events, I , for myself, child(ren), heirs, executors and administrators, hereby voluntarily and knowingly indemnify and hold harmless, defend, release, waive, and discharge Triangle Aquatic Center and its officers, employees and volunteers from any and all suits, claims or liability, including negligence. I therefore will cover all medical, hospitalization or any other expenses resulting from my or my child's participation. I herby authorize Triangle Aquatic Center staff to act on my behalf in accordance with their best judgment in case of an emergency involving me or my child, and agree to assume full responsibility for all expenses, medical or otherwise, that may arise there from. PHOTO RELEASE: I authorize Triangle Aquatics to use my image taken in classes for publicity purposes.

_____ _____
Parent/Adult's signature **Date**

Office Use Only:

_____ Group Lessons Amount Due: Group: $80/session
TAC notified of in-person registration? Yes or No Initials: ____ Semiprivate: $150/four 30-min classes
Session: _____ Time: _____ Level: _____ Private: $130/four 30-min classes

_____ Private Lessons
Swim Instructor Assigned? Name: _____
Swim Instructor Contacted? Yes or No Initials: _____

Dates: _____ Time: _____

Payment Received? Yes or No Payment: _____Check # or _____ Cash Amt.

Triangle Aquatic Center Staff: Family and payment entered in Class? Yes or No Initials: _____