Learn to Swim with Spirit Swimming

Fall 2009 Registration Form

Not Affiliated with George School

Swimmer Information:

_____ _____ _____

Last name **First Name** **Age and date of birth**

Additional Swimmer:

_____ _____ _____

Last name **First Name** **Age and date of birth**

Additional Swimmer:

_____ _____ _____

Last Name **First name** **Age and date of birth**

_____ _____

Parent/Guardian **Phone Number**

_____ _____ _____ _____

Street Address **City** **State** **Zip Code**

_____

E-mail address

Additional Information (Medical, allergies, etc.)

_____

_____

_____

_____

_____ _____

Emergency Contact **Phone Number**

<u>Responsibilities</u>

Participation in lessons
Proper conduct at all times
Payment of nonrefundable fee no later than first lesson

In joining LEARN TO SWIM WITH SPIRIT SWIMMING, we the undersigned acknowledge, understand and agree to the responsibilities outlined above. We assume all risks and hazards incidental to the conduct of the activities and transportation to and from it. We do hereby release, absolve, indemnify and hold harmless LEARN TO SWIM WITH SPIRIT SWIMMING, its instructors, and assistants whether paid or voluntary, the GEORGE SCHOOL INC., the officers, administrators, supervisors, or any of their appointees. We likewise waive, to the extent not covered by the liability or accident insurance any claim against any person transporting the named swimmer to and from activities. We hereby authorize the staff and/or team representatives to seek emergency medical and/or surgical attention, as they may deem necessary in order to assure well being.

_____ _____

Parent/Guardian Signature **Date**