



Friends of the Pool /Town of Twisp Summer 2017 Swim Lesson Registration Form

√	Lesson Levels Choose One
	Pike - Level 1
	Eel - Level 2
	Ray - Level 3
	Starfish - Level 4
	Mom & Tot
	Private Lesson

√	Session Dates Choose One	
	Session 1	June 19 th - June 30 th
	Session 2	July 3 rd - July 14 th
	Session 3	July 17 th - July 28 th
	Session 4	July 31 st - August 11 th

Group Lessons \$48.78 per session
Private Lessons \$24.39 per lesson
(Prices include tax)
Please schedule all lessons at the Pool office

√	Session Times Choose One	
	Level 1, 2, & 3	11:00 am - 11:30 am
	Level 1, 2, 3, & 4	11:30 am - 12:00 pm
	Level 1, 2, 3, & 4	12:00 pm - 12:30 pm

Session times may vary slightly depending on turnout and swimmer's ability.

Participant Name _____ Age _____ DOB _____

Participant Address _____ Phone # _____

Parent or Guardian Name _____ Last Level Completed _____

Emergency Contact Name/Phone # _____

Please turn in your enrollment form and fee to the pool office. No child is enrolled until the fee is paid. Due to scheduling difficulties and the volume of children wishing to take lessons, we must ask that this form and the lesson fee be turned into the pool office no later than the Wednesday prior to the beginning of each session. Questions? Call us at 997-5441.

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WAIVER/RELEASE OF LIABILITY

Please read carefully before signing. This is a release of liability and waiver of certain legal rights.

I, _____, the participant and/or the parent/guardian of the participant agree and understand that swimming is a HAZARDOUS activity. I recognize that there are risks inherent in the sport of swimming, including but not limited to, paralyzing injuries and death.

The participant and/or the parent/guardian hereby agrees to participate in swimming lessons and hereby agrees to indemnify and hold harmless Wagner Memorial Pool, its officers, directors, agents and employees against any liability resulting from any injury that may occur to the participant also agrees to indemnify Wagner Memorial Pool for any damages incurred arising from any claims, demand, action or cause of action by the participant.

The participant and/or the parent/guardian authorizes any representative of Wagner Memorial Pool to have the participant treated in any medical emergency during their participation in swimming. Further, the participant and/or parent/guardian agrees to pay all costs associated with medical care and transportation for participant.

I HAVE CAREFULLY READ THE ABOVE LIABILITY RELEASE AND SIGN IT WITH FULL KNOWLEDGE OF ITS CONTENTS AND SIGNIFICANCE.

Signature (Participant or Parent/Guardian)

Date

Pool Office Use Only

Amount Paid _____

Receipt # _____

Check # _____ or Cash _____

Taken By: _____