



Dolphin Swim School Registration 2015



Parents Name _____ Contact Number _____
 Address _____ City _____ Zip _____
 Email _____

The email address provided will be used for 2016 priority registration .

Session 1 June 15-18 Session 2 June 22-25 Session 3 July 6-9 Session 4 July 13-16 Session 5 July 20-23

Swimmer's Name	Swimmers Age	Swimmers Level	Class Style	Session Dates 1~2~3~4~5	Time Preference Please list 3
Ex Jenny Jones	4	1-2	SP	1, 3 & 5	10/10:20/10:40
1.					
2.					
3.					

Semi Private Lessons (2 students to 1 instructor) 4-20 minute Lessons \$45
 Private Lessons (1 student to 1 instructor) 4-20 minute Lessons \$90

Waiver & Release-

I certify that I am the parent or legal guardian for my child(ren). I hereby give my permission for any supervisor, coach or other team administrator associated with the **Loomis Basin Dolphins** to seek and give appropriate medical attention for our child(ren) in the event of accident, injury, illness. I will be responsible for any and all costs associated with any necessary medical attention and/or treatment.

I hereby waive, release and forever discharge **Loomis Basin Dolphins** and associated supervisor, coach or other team administrator from all rights and claims for damages, injury, loss to person or property which may be sustained or occur during participation in **Loomis Basin Dolphins** activities, whether or not damages or loss is due to negligence. I hereby acknowledge that my children is (are) physically fit and capable of participation in all Swim Team activities.

There are NO refunds or make ups for swim lesson registrations.

X _____ Consenting Parent/Guardian Signature Date _____