

GROUP SWIM LESSONS



PERSONAL INFORMATION

Parent/Guardian: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Child's Name: _____ Birthdate: _____

Allergies/Medical Conditions: _____

SWIM LESSON CLASSES

Four 45-minute classes are Monday to Thursday, Friday ONLY if needed due to weather.

June 15th - 19th 11:00-11:45am or 7:15-8:00pm

July 13th - 17th 11:00-11:45am or 7:15-8:00pm

PAYMENT

Amount Paid: \$ _____ Manager's Signature _____

WAIVER / RELEASE

I, _____, the enrolled 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 hereby agrees to participate in the Bally Community Pool (BCP) Swim Lesson Program and hereby agrees to indemnify and hold harmless BCP, its lifeguards and managers, against any liability resulting from any injury that may occur to the participant while participating in BCP Lesson Program. The participant also agrees to indemnify BCP for any damages incurred arising from any claims, demand, action or cause of action by the participant. The participant authorizes any representative of BCP to have the participant treated in any medical emergency during their participation in swimming activities. Further, the participant and/or parent/guardian agree to pay all costs associated with medical care and transportation for the participant. Failure to attend is not the responsibility of the instructor. There will be no refund on monies. I have noted on this form any medical/health problems of which the staff should be aware. I HAVE CAREFULLY READ THE ABOVE LIABILITY RELEASE AND SIGN IT WITH FULL KNOWLEDGE OF ITS CONTENTS AND SIGNIFICANCE.

Signature: _____ Date: _____