



Swim Lesson Registration

Participant's Name: _____ Birthdate: _____

Today's Date: _____

Parent's Name (if applicable): _____

Age: _____ Sex: _____

Address: _____

Home Phone: _____

City: _____ Zip: _____

Cell Phone: _____

Circle One: Member Non-Member

Red Cross Swimming Lessons

Circle One: **Group** Session (8 classes)

Private Lessons

Private single / 4 classes / 8 classes

Duet single / 4 classes / 8 classes

Custom 4 classes / 8 classes

Circle One: Aqua-Tot (Parent/Child) Preschool 1 or 2 or 3 (3-5yrs)

Level 1

Level 2

Level 3

Level 4

Level 5

Level 6

Has the swimmer had previous swim lessons? Yes No If yes, what level and type: _____

Does the swimmer have any hesitations in the water? _____ If yes, please explain _____

Does the swimmer have any special needs or physical considerations the instructor should be aware of? _____

If yes, please explain _____

EXPRESS ASSUMPTION OF RISK: I, the undersigned, hereby expressly and affirmatively state that I wish to participate in Swim Lessons at The Wave. I realize that participation involves risks of injury, including but not limited to strains, sprains, heart attack, stroke or even death. I also recognize that there are many other risks of injury, including serious disabling injuries that may arise due to my participation in these activities. I understand it is not possible to specifically list each and every individual injury risk. However, knowing the material risks and appreciating, knowing, and reasonably anticipating that other injuries and even death are a possibility, I hereby expressly assume all of the delineated risks of injury, all other possible risk of injury, and even risk of death, which could occur by reason of participation.

I have read the Express Assumption of Risk information and fully understand the content.

Signature of Parent or Legal Guardian

Date

RELEASE OF LIABILITY: Any questions I had were answered to my full satisfaction. I understand the potential risk of illness, injury or aggravation of pre-existing conditions. I consent to emergency treatment, including the administration of whatever medication deemed necessary by emergency medical personnel for care in the event of injury or illness. I understand **NO EXERCISE IS MANDATORY**. With this understanding I release The Wave, its agents, and employees from liability associated with my own negligence in participating in this swim lesson program.

Signature of Parent or Legal Guardian

Date

Feel free to contact our Aquatic Manager, Glenna Thon, (406)862-2444, with questions or concerns regarding our programs. We are looking forward to teaching your child to swim and enjoy the water.