



GROUP SWIM LESSON REGISTRATION

DATE OF APPLICATION: _____

NAME OF PARTICIPANT (PRINT): _____ AGE: _____

EMAIL ADDRESS: _____ PHONE: _____

EMERGENCY CONTACT: _____ PHONE: _____

SESSION ATTENDING: _____

HOW DID YOU HEAR ABOUT THESE LESSONS? _____

HAVE YOU TAKEN SWIM LESSONS PREVIOUSLY? _____

Goal of lessons for participant: _____

Please pay for the session at time of registration. **The fee is \$10 per lesson**

Refund Policy:

Payment is due at registration. Because of limited space in the program, there are no refunds for this program without physician's written explanation of inability to participate. S.W.A.M is committed to serving people regardless of their age, gender, race, religion or ability.

Waiver of Liability & Authorization to Take Pictures/Video:

I understand that even when every reasonable precaution is taken, accidents can still sometime happen. Therefore, in exchange for S.W.A.M allowing me to participate in Master Swim Team aquatic activities, I release all S.W.A.M. staff and instructors from all liability or injury, loss or damage connected in any way whatsoever to me or my child(ren's) participation in S.W.A.M activities on or off the S.W.A.M premises. I understand that this release includes staff, directors, students, alumni and guests. I also give permission for the swimmer to be photographed/videotaped and the photos to be used in the Swimming with Alaska Masters grant requirements.

SIGNATURE: _____ DATE: _____

STAFF WITNESS: _____ DATE: _____

Paid on: _____ Staff initial: _____