

# ENROLLMENT FORM

*This form will be used to schedule your swim lesson class.*

Please print:

Child's Name \_\_\_\_\_

Age \_\_\_\_\_

Lesson: Private / Semi-Private (circle one)

if Semi-private: Name of 2<sup>nd</sup> participant - \_\_\_\_\_

Preferred Pool \_\_\_\_\_

Please circle preferred time: Morning / Afternoon / Evening

Parent's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Email \_\_\_\_\_

Medical or Health Conditions that Swim Staff Should Know About:

\_\_\_\_\_  
\_\_\_\_\_

## WAIVER/RELEASE OF LIABILITY

**PLEASE READ CAREFULLY BEFORE SIGNING.**

**THIS IS A RELEASE OF LIABILITY AND WAIVER OF CERTAIN LEGAL RIGHTS.**

I, \_\_\_\_\_, 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 GL Swim Lessons and hereby agrees to indemnify and hold harmless Glen Laurel, coaches, officers, directors, agents, and employees against any liability resulting from any injury that may occur to the participant while participating in the lessons. The participant also agrees to indemnify Glen Laurel for any damages incurred or arising from any claims, demands, actions, or causes of action by the participant. The participant authorizes any representative of the Swim staff to have the participant treated in any medical emergency during his/her participation in the lessons. Further, the participant and/or parent/guardian agree to pay all costs associated with medical care and transport for the participant.

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

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

(Parent/Guardian)