

2017 Swim Lesson Registration Form – Mission Valley Swim Club

Cost per class: \$85/member

Payment must be received to confirm spot.

(MVSC may adjust number of sessions or classes offered during a session depending on demand. MVSC will contact you if a change is made).

___ **Session 1: June 19th – June 29th** (Mon - Thurs)

___ **Class A 11:30- 12:00**

___ **Class B 12:10-12:40**

___ **Preschool**

___ **Beginner**

___ **Intermediate**

___ **Advanced**

___ **Session 2: July 3rd – July 13th**** (Due to July 4th holiday there will be no lessons on Tuesday 7/4. Class will be held on Friday July 7th instead)

___ **Class A 11:30- 12:00**

___ **Class B 12:10-12:40**

___ **Preschool**

___ **Beginner**

___ **Intermediate**

___ **Advanced**

___ **Session 3: July 17th – July 27th** (Mon - Thurs)

___ **Class A 11:30- 12:00**

___ **Class B 12:10-12:40**

___ **Preschool**

___ **Beginner**

___ **Intermediate**

___ **Advanced**

Swimmer Information

Child's Name: _____ **Age:** _____

Please list all allergies or recreation-induced conditions your child may have. Please include all current medications your child is taking: _____

Parent Information

Name of Parent: _____ **MVSC Member Number:** _____

Address: _____ **Phone:** _____

E-mail: _____ **Cell Phone:** _____

Emergency Contact (other than parent) _____ **Phone:** _____

Relationship to participant: _____

I, the undersigned, certify that I am the parent or guardian of the above named child, that he/she is in good physical condition and I give my child permission to participate in the Mission Valley Swim Club swim lesson program. I am aware that attending or participating in these activities involves risk of injury. I hereby grant permission for my child to be treated by a licensed physician in the event of any injury and/or be transported to a medical facility for treatment. In such event, I agree to be responsible for any costs associated with such treatment. I voluntarily accept to assume all risk from attending or participating in these activities. I hereby release, discharge, indemnify, and agree to hold Mission Valley Swim Club, its officers and employees, harmless from and against all liability, claims, actions, suits, damages, loss or injuries of any kind, nature or description, including without limitation personal injuries, medical expenses and economic damages arising or claimed as a result of any act or omission related to the swim lesson program.

Signature of Parent/Guardian: _____ **Date:** _____

MVSC: Date Received: _____ **Check #:** _____ **Amount \$:** _____ **Received by:** _____