

## 2018 Swim Lesson Registration Form – Mission Valley Swim Club

**Cost per class: \$90** per session per child for club members only

**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 18th – June 28th** (Mon - Thurs)

\_\_\_\_\_ **Class A 11:30 - 12:00**

\_\_\_\_\_ **Class B 12:10 - 12:40**

\_\_\_\_\_ **Preschool**

\_\_\_\_\_ **Beginner**

\_\_\_\_\_ **Intermediate**

\_\_\_\_\_ **Advanced**

\_\_\_\_\_ **Session 2: July 9th – July 19th** (Mon - Thurs)

\_\_\_\_\_ **Class A 11:30 - 12:00**

\_\_\_\_\_ **Class B 12:10 - 12:40**

\_\_\_\_\_ **Preschool**

\_\_\_\_\_ **Beginner**

\_\_\_\_\_ **Intermediate**

\_\_\_\_\_ **Advanced**

\_\_\_\_\_ **Session 3: July 23th – August 2nd** (Mon - Thus)

\_\_\_\_\_ **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 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:** \_\_\_\_\_