



**CHESTNUT FORKS SWIM CLUB 2021
GROUP SWIM LESSON REGISTRATION FORM**

10:30am – 11:00am / Monday – Friday

11:00am – 11:30am / Monday - Friday

Weekly Rate: \$65 Members - \$85 Non-Members

Families feel free to stay and enjoy the pool during your week of lessons!

Child's Name: _____

Date of Birth: ____/____/____ **Age:** ____

Swim Level: _____

Time: _____

Check Session/Week:

Session 1 (6/7- 6/11) _____

Session 2 (6/14 -6/18) _____

Session 3 (6/21-6/25) _____

Session 4 (6/28-7/02) _____

Session 5 (7/05-7/09) _____

Session 6 (7/12-7/16) _____

Session 7 (7/19-7/23) _____

Session 8 (7/26 - 7/30) _____

Child's Name: _____

Date of Birth: ____/____/____ **Age:** ____

Swim Level: _____

Swim Level Classifications

- Beginner
- Advanced Beginner
- Intermediate

Parent(s) name(s): _____

Cell Phone(s): _____

Family Contact Info:

Street Address

Home Phone

City

State

Zip Code

Email

Emergency Contact Name

Phone Number

Medical Waiver & Release

Does your child have any history of **CARDIAC PROBLEMS, ASTHMA, EPILEPSY, OR ALLERGIES**? If your child has any major health problems, he or she will be required to have physician's permission to participate in any Chestnut Forks swim programs. If your child is presently taking medication, please list. _____

I give my permission for Chestnut Forks Swim Club staff and/or a Fauquier Emergency Medical Technician to administer immediate emergency care to my/our child (children) should he/she be injured while on Chestnut Forks Swim Club pool premises.

For and in consideration of my child or children's participation in the swimmer program, I/we the undersigned parent(s) or legal guardians of the children listed above, hereby waive, release and hold harmless Chestnut Forks Tennis & Fitness, LLC (legal name of operation of Club), its employees, agents or assigns of and from any and all liability arising from my/our child's participation in the swimming program.

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