

**CHESTNUT FORKS 2018**  
**SWIM LESSON REGISTRATION FORM**

9:30am – 10:30am / Monday-Friday  
\$50 Members - \$60 Non-Members

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

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_      Age: \_\_\_\_\_

Swim Level \_\_\_\_\_

Session 1 (6/11-6/15) \_\_\_\_\_

Session 2 (6/18-6/22) \_\_\_\_\_

Session 3 (6/25-6/29) \_\_\_\_\_

Session 4 (7/9-7/13) \_\_\_\_\_

Session 5 (7/16-7/20) \_\_\_\_\_

Session 6 (7/23-7/27) \_\_\_\_\_

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

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_      Age: \_\_\_\_\_

Swim Level \_\_\_\_\_

**Swim Level Classification**

BEGINNER

ADVANCED BEGINNER

INTERMEDIATE

Parents 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 to 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 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 Swim Club (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