



PRIVATE SWIM LESSON REGISTRATION FORM

2019

\$50/30 minutes member

\$75/30 minutes/ non-members

Child's Name: _____
Last, First

Parent's Name:
Father: _____
Last, First

Mother: _____
Last, First

Child's Birth Date: ____/____/____ Age: _____

Requested Dates

Swim Level (check One)
Beginner _____
Adv. Beg. _____
Intermediate _____

Family Contact Info: _____
Street Address

City, State Zip Code

Home Phone Email

Emergency Contact Name Phone Number

Medical Waiver & Release

Does your child have any history of cardiac problems, asthma, epilepsy, TB, 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 do hereby give my/our permission to Chestnut Forks Swim Club staff and or a Fauquier Emergency Medical Technician, to administer immediate emergency care to my/our child/ _____, should he/she be injured while on Chestnut Forks swim pool premises.

For and in consideration of my/our child's participation in the swimmer program, I/we the undersigned parent(s) or legal guardians of _____, 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

