



**CHESTNUT FORKS SWIM CLUB 2020
GROUP SWIM LESSON REGISTRATION FORM**

10:30 – 11:30am / Monday – Friday

***5:15 – 6:15pm Mon./ Weds./Thurs.**

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

Child's Name: _____

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

Swim Level: _____

Check Session/Week:

***Session 1 (6/8 - 6/12) _____**

***Session 2 (6/15 -6/19) _____**

Session 3 (6/22-6/26) _____

Session 4 (6/29-7/03) _____

Session 5 (7/06-7/10) _____

Session 6 (7/13-7/17) _____

Session 7 (7/20-7/24) _____

Session 8 (7/27 - 7/31) _____

Child's Name: _____

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

Swim Level: _____

Swim Level Classifications

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 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** _____