



PRIVATE SWIM LESSON REGISTRATION FORM 2020

**\$50/30 minutes member
Package of 5 for \$200/members
\$75/30 minutes/non-members**

Child's Name: _____
Last, First

Parent's Name:
Father: _____
Last, First

Mother: _____
Last, First

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

Family Contact Info: _____
Street Address

City, State Zip Code

Home Phone Email

Emergency Contact Name Phone Number

| |
|---|
| Requested Dates and/or Lifeguard _____ _____ |
|---|

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

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 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

