

## CF Main (540) 347-0823

### **Group Swim Lessons Registration Form**

\$100 Member / \$120 Non-Member 10:30 am – 11:00 pm Monday - Friday

# **Check Session/Week**

Session 1 (6/5- 6/9)
Session 2 (6/12 - 6/16)
Session 3 (6/19 - 6/23)
Session 4 (6/26 - 6/30)
Session 5 (7/10 - 7/14)
Session 6 (7/17 - 7/21)

### **Swim Level Classifications**

Beginner

**Advanced Beginner** 

**Intermediate** 

**Interested in Blue Marlins** 

Swim Team? \_\_\_\_\_

Emergency Contact Name			Phone Number	
City		State	Zip Code	
	Street	Address		
Contact Info:				
Cell Phone:				
Parent (s) Name (s):				
Swim Level:				
Date of Birth:/	/	_ Age:		
Child's Name:				
Swim Level:				
Date of Birth:/				
Child's Name:				
Swim Level:				
Date of Birth:/		_		
Child's Name:				

#### **Email Address**

#### 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.

Signature of Parent or Guardian \_\_\_\_\_\_