



CF Main (540) 347-0823

Group Swim Lessons Registration Form
 \$120 Member / \$140 Non-Member
 10:30am – 11:00pm Monday - Friday

Select the Session/Week

- Session 1 (6/10 - 6/14) _____
- Session 2 (6/17 - 6/21) _____
- Session 3 (6/24 - 6/28) _____
- Session 4 (7/8 - 7/12) _____
- Session 5 (7/15 - 7/19) _____
- Session 6 (7/22 - 7/26) _____

Swim Level Classifications

Beginner

Advanced Beginner

Intermediate

*** WE WILL DO AN EVALUATION ON THE MONDAY OF SELECTED WEEK.**

Child's Name: _____

Date of Birth: ___/___/___ Age: _____

Swim Level: _____

Child's Name: _____

Date of Birth: ___/___/___ Age: _____

Swim Level: _____

Child's Name: _____

Date of Birth: ___/___/___ Age: _____

Swim Level: _____

Parent (s) Name (s): _____

Cell Phone: _____

Contact Info: _____

Street Address _____

City State Zip Code _____

Emergency Contact Name Phone Number _____

@ _____

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.