CHESTNUT FORKS
TENNIS • FITNESS • SWIM

CF Main (540) 347-0823

Group Swim Lessons Registration Form

$140 Member / $160 Non-Member

10:30am – 11:00am Monday - Friday

SELECT WEEK(S) YOU WOULD LIKE TO PARTICIPATE IN

Week 1 (6/1 - 6/5)	_____
Week 2 (6/8 - 6/12)	_____
Week 3 (6/15 - 6/19)	_____
Week 4 (6/22 - 6/26)	_____
Week 5 (6/29 - 7/3)	_____
Week 6 (7/6 - 7/10)	_____
Week 7 (7/13 - 7/17)	_____
Week 8 (7/20 - 7/24)	_____
Week 9 (7/27 - 7/31)	_____

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

_____ _____
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 below.

_____

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, 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 _____