



Lake Forest Yacht Club

Swim Lessons Registration Form

Beginners Level :

Instructor will lead children in their first experience in the water, breathing, floating, proper arm and leg motions- younger age group

- ☐ Monday 11am-2pm
☐ Tuesday 4pm-6pm
☐ Wednesday 4pm-6pm
☐ Thursday 11am-2pm

Intermediate Level :

Children will learn /improve formal strokes, coordination of breathing, kick and arm motions - older age group

Weekdays:

- ☐ AM
☐ PM

** Please choose the convenient two days a week, time slot and the instructor will call you to discuss the details*

Participants Name _____ DOB _____ Age _____

Address _____

Parents Name _____

Home Phone: _____ Cell Phone _____

Email _____

Emergency Contact: _____ Phone: _____

Are there any medical conditions we must be aware of ? No _____, Yes _____ if yes

Please Explain: _____

WAIVER/RELEASE OF LIABILITY

PLEASE READ CAREFULLY BEFORE SIGNING. THIS IS A RELEASE OF LIABILITY AND WAIVER OF CERTAIN LEGAL RIGHTS.

I, _____, the enrolled participant and/or the parent/guardian of the participant agree and understand that swimming is a HAZARDOUS activity. I recognize that there are risks inherent in the sport of swimming, including but not limited to, paralyzing injuries and death. The participant hereby agrees to participate in swim lessons/swim classes, and hereby agrees to indemnify and hold harmless Lake Forest Yacht Club, its instructors, officers, directors, and employees against any liability resulting from any injury that may occur to the participant while participating in swim lessons. The participant also agrees to indemnify Lake Forest Yacht Club for any damages incurred arising from any claims, demand, action or cause of action by the participant. The participant authorizes any representative of Lake Forest Yacht Club to have the participant treated in any medical emergency during their participation in swim lessons. Further, the participant and/or parent/guardian agrees to pay all costs associated with medical care and transportation for the participant.

I have noted on this form any medical/health problems of which the staff should be aware.

I HAVE CAREFULLY READ THE ABOVE LIABILITY RELEASE AND SIGN IT WITH FULL KNOWLEDGE OF ITS CONTENTS AND SIGNIFICANCE.

Signed: _____ Date: _____

(Participant or Parent/Guardian)