



## 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

**Intermediate Level :**

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

Tuesday 10-6

Thursday 10-6

*\* 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)