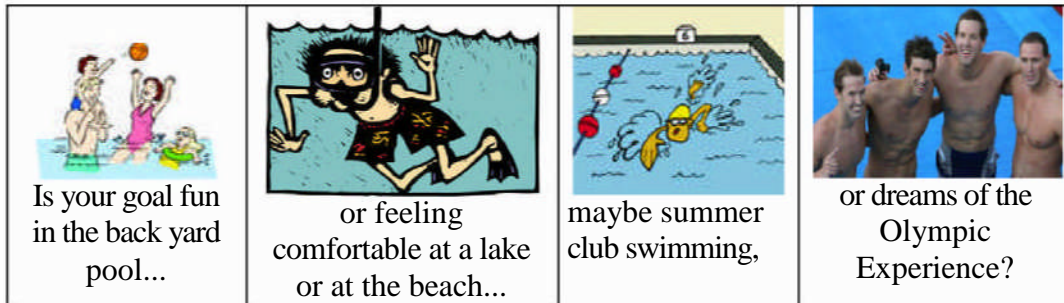


Worried about your kids at the pool in the Summer?  
Do you want your kids to learn how to swim from  
the staff of the best team in the Midwest?  
The Cincinnati Marlins Swim Lessons are now taking



Accepting Registrations for the 2012 Winter & Spring Sessions.

**Classes Start February 13<sup>th</sup>.**

Don't have enough time?  
Great! Classes are only half an  
hour long, one day a week.

Don't be worried about cost  
either!

- Small group lessons
- As low as \$12 Per Lesson
- Contact Andrea Cornett
- Session Runs 7 weeks

Accommodations are available for  
any level of swimmer.

- Beginners
- Intermediate
- Advanced
- Children with disabilities
- Adults
- Everyone in between

70% of the world is covered with water; why risk  
Not knowing how to swim?

**Cincinnati Marlins West**

**Swim Lessons**  
at Taylor High School  
36 E. Harrison Ave.  
North Bend, OH 45052

For more information call  
812-623-5085 or 513-761-3320  
[arcornett@hotmail.com](mailto:arcornett@hotmail.com)  
Visit the Marlins Web Site  
[www.cincy-marlins.com](http://www.cincy-marlins.com)





**CINCINNATI MARLINS WEST  
SWIM LESSONS  
AT Taylor High School  
Director: Andrea Cornett**

**Winter Session**

Offered Monday through Friday  
Beginning February 13<sup>th</sup>

**Spring Session**

Offered Monday through Friday  
Beginning April 9<sup>th</sup>

**Cost: \$85 + a one time \$5.00 Insurance fee**

**Days Available:**

Monday  Tuesday  Wednesday  Thursday  Friday

**Times Available:**

3:00-3:30  3:30-4:00  4:00-4:30  4:30-5:00  5:00-5:30  5:30-6:00

**TO REGISTER:**

Call Andrea Cornett at 812-623-5085 or  
E-mail Andrea at [arcornett@hotmail.com](mailto:arcornett@hotmail.com)

**Please Provide the Following Information:**

Parent's Name & Personal Contract Information

Child's Name and Age

Ability Level – Previous lessons or if new, is child fearful of water.

Preferred Day & Time

Make checks payable to: Cincinnati Marlins, Inc.





# CINCINNATI MARLINS WEST SWIM LESSON PROGRAM At TAYLOR HIGH SCHOOL REGISTRATION

Swimmers' Name: \_\_\_\_\_

Swimmers' Name: \_\_\_\_\_

Swimmers' Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ E-mail \_\_\_\_\_

Cost: \$85 (+ one time \$5.00 insurance fee) Amount Paid \_\_\_\_\_

Make Checks Payable to: Cincinnati Marlins, Inc 616 W. North Bend Rd. Cincinnati, OH 45224-1424

Please  Session / Day and Time Desired.

- |   |  |
|---|--|
| <input type="checkbox"/> Monday's / Winter - Feb. 13,20,27,30, March 5,12,19,26 | <b>Spring</b> - April 9,16,23,30, May 7,14,21. |
| <input type="checkbox"/> Tuesday's / Winter - Feb. 14,21,28, March 6,13,20,27   | <b>Spring</b> - April 10,17,24, May 1,8,15,22. |
| <input type="checkbox"/> Wednesday's / Winter - Feb. 15,22,29, March 7,14,21,28 | <b>Spring</b> - April 11,18,15, May 2,9,16,23  |
| <input type="checkbox"/> Thursday's / Winter - Feb. 16,23, March 1,8,15,22,29   | <b>Spring</b> - April 12,19,26, May 3,10,17,24 |
| <input type="checkbox"/> Friday's / Winter - Feb 17,24, March 2,9,16,23,30      | <b>Spring</b> - April 13,20,27, May 4,11,18,25 |

3:30-4:00  4:00-4:30  4:30-5:00  5:00-5:30  5:30-6:00pm



### RELEASE OF LIABILITY

(Must Be Signed)

I, \_\_\_\_\_, 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 the Cincinnati Marlins Swim Lesson program and hereby agrees to indemnify and hold harmless the Cincinnati Marlins, its coaches, officers, directors, agents, and employees against any liability resulting from any injury that may occur to the participant while participating in the Lesson program. The participant also agrees to indemnify the Cincinnati Marlins for any damages incurred arising from any claims, demand, action, or cause of action by the participant.

The participant authorizes any representative of the Cincinnati Marlins to have the participant treated in any medical emergency during their participation in the Lesson program. Further, the participant and/or parent/guardian agree to pay all costs associated with medical care and transportation for the participant.

I have noted on the back of 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: \_\_\_\_\_

(Parent/Guardian)

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_