

# Pinehurst Area Swim Team

Swim Lesson Registration Form  
 Monday & Wednesday 4:30-5:15  
 Cost per 6 week session \$90 (10 Classes)

Swim Level: Level 1 \_\_\_\_\_ Level 2 \_\_\_\_\_ Level 3 \_\_\_\_\_

Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_

Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_

**Parents Info**

Parents name (s) \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

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 Pinehurst Area Swim Team programs. If your child is presently taking medication, please list.

I hereby agree to be fully liable for and hereby agree to waive and release Pinehurst Area Swim Club, it's Coaches, employees, facility owners and members from any and all injuries, costs, damages, causes of action, claims, direct or indirect, and any consequential and incidental damages arising out of or resulting from any injury, death, or damage to property which I or my dependent child or children may sustain as a result of or arising out of participation on the Team or as a result of or arising out of the use of the Facilities.

I hereby agree to waive any and all claims that I may have, either directly or indirectly, against Pinehurst Area Swim Club, its Coaches, employees, facility owners and members as result of any and all injuries or loss to my dependent or damage to property of my dependent in relation to his or her participation on the Team or arising out of the use of the Facilities.

I hereby give permission for the Pinehurst Area Swim Team Staff to give and/or seek appropriate medical attention to the participant in the event of an accident, injury, or illness.

Parent or Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_