

Belen Swim Lessons Registration

Name of Participant _____ Age _____ Sex _____

Parent/ Guardian _____ Relationship _____

Home Address _____

Home Phone _____ Cell Phone _____ Work Phone _____

Emergency Contact (List person to be called in case of an emergency when parents cannot be reached)

Name _____ Relationship _____ Phone # _____

Please list existing medical conditions, allergies, or any other special conditions:

I hereby give my daughter/son _____ permission to participate in the Belen Pool Swim Lessons. I hereby agree to hold harmless and free from liability the Belen Consolidated Schools, their agents and/or employees for any damages to my child's health or injury to his/her person or property while participating in the Belen Pool Swim Lessons. I further agree to defend, indemnify, and hold harmless the above-mentioned parties from and against any and all such claims for damages.

Parent/ Guardian

Date

Check Preferred Sessions:

_____ 1st Session: June 5-June 15

_____ 2nd Session: June 19-June 29

_____ 3rd Session: July 3- July 13

_____ 4th Session: July 17- July 27

Check Preferred Time:

_____ 9:30-10:00: Advanced Beginner and Intermediate (Outdoor Pool)

Technique _____ Competitive _____

_____ 10:00-10:30: Beginner (Outdoor Pool)

_____ 10:30-11:00: Beginner (Outdoor Pool)

_____ 11:00-11:30: Beginner (Outdoor Pool)

_____ 11:30-12:00: Parent/ Tot (Outdoor Pool)