



# Friends of the Pool /Town of Twisp Summer 2008 Swim Lesson Registration Form

Lesson Levels Choose One	
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	Pike - Level 1
	Eel - Level 2
	Ray - Level 3
	Starfish - Level 4
	Mom & Tot
	Private Lesson

Session Dates Choose One		
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	Session 1	June 23 <sup>rd</sup> - July 4 <sup>th</sup>
	Session 2	July 7 <sup>th</sup> - July 18 <sup>th</sup>
	Session 3	July 21 <sup>st</sup> - August 1 <sup>st</sup>
	Session 4	August 4 <sup>th</sup> - August 15 <sup>th</sup>



**Group Lessons    \$40.00 per session**  
**Private Lessons    \$20.00 per lesson**

Please schedule all lessons at the Pool office

Session Times Choose One		
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	Level 1 (Level 2, 3 & 4 available at this time only in session 4 - August 4 - 15)	10:15 am - 10:45 am
	Level 1, 2, 3, & 4	10:45 am - 11:15 am
	Level 1, 2, 3, & 4	11:15 am - 11:45 am

Participant Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_

Participant Address \_\_\_\_\_ Phone # \_\_\_\_\_

Parent or Guardian Name \_\_\_\_\_ Last Level Completed \_\_\_\_\_

Emergency Contact Name/Phone # \_\_\_\_\_

Please turn in your enrollment form and fee to the pool office. No child is enrolled until the fee is paid. Due to scheduling difficulties and the volume of children wishing to take lessons, we must ask that this form and the lesson fee be turned into the pool office no later than the Wednesday prior to the beginning of each session. Questions? Call us at 997-5441.

**Insurance:** It is the responsibility of every individual, their parent or legal guardian to provide for his/her own accident and health coverage while participating in Friends of the Pool/Town of Twisp

activities. Friends of the Pool and the Town of Twisp do not provide any accident or health coverage for their participants.

**Participation:** I understand that participation in any activity entails risks. I understand the nature and the components of the program in which my child or I are participating and the risks that may be associated with the program. I hereby consent to and accept these risks for my child or me. I further agree to hold harmless the Friends of the Pool and the Town of Twisp and their board members, volunteers, staff members and employees from any and all claims, suits, losses or related injury or death, accidental or arising in any way from participating in a Friend's of the Pool/Town of Twisp program.

**I have read and understand the above and have completed to the best of my ability.**

\_\_\_\_\_  
**Signature of Parent or Legal Guardian of Participant**  
**(Legal Guardian must sign if participant is under 18)**

\_\_\_\_\_  
**Date**

**Pool Office Use Only**

**Amount Paid** \_\_\_\_\_

**Receipt #** \_\_\_\_\_

**Check #** \_\_\_\_\_ **or Cash** \_\_\_\_\_

**Taken By:** \_\_\_\_\_