

# Parke Way Fitness Swim Lesson Registration Form

## For Members and Non-members

**Parke Way Swimming Registration Form** Please fill out completely and return to Parke Way by May 29th. **PAYMENTS ARE NON-REFUNDABLE**

Child's Name: First \_\_\_\_\_ Last \_\_\_\_\_ Date \_\_\_\_\_

Address: Street \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Birth Date: (mm/dd/yy) \_\_\_\_\_ Age as of June 1 \_\_\_\_\_

Parent's/Guardian's Name: \_\_\_\_\_

Sign that you have read the waiver on the back \_\_\_\_\_

Telephone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

**Please circle session:**      Session 1 (June 5-June 15)      Session 2 (June 19-June 29)      Cost : 90.00 Member      100.00 Non-member

**Please circle class:**      BEGINNER      ADVANCED BEGINNER      INTERMEDIATE

Class are held Monday through Thursday at 9:15, 10:15 and 11:15 am. Children will be grouped by age and ability. *We cannot guarantee a specific time.*

OFFICE USE ONLY: Paid \$ \_\_\_\_\_ Check# \_\_\_\_\_ Cash \_\_\_\_\_ Credit Card \_\_\_\_\_ Date: \_\_\_\_\_ Rec'd by: \_\_\_\_\_

### Release and Waiver

I understand that the registered activities and services may have an element of hazard or inherent danger and I take full responsibility for my actions and/or that of my child and his/her physical condition. I agree to indemnify and hold harmless Parke Way Fitness Center and it's employees harmless from any liability, loss, cost or expenses (including attorney's fees and medical expenses) that may incur while participating in Parke Way activities. In case of emergency, I give my permission for emergency treatment. This form shall be considered valid until cancelled or changed in writing by the undersigned participant/parent or guardian.

**Signature** \_\_\_\_\_