



MAY 2010 SWIM LESSON REGISTRATION

Participant 1 _____ Level _____ Age _____ DOB ____/____/____
 Participant 2 _____ Level _____ Age _____ DOB ____/____/____
 Participant 3 _____ Level _____ Age _____ DOB ____/____/____

Participant's/Parent's Name _____ Phone # _____
 Street _____
 City and Zip Code _____ E-mail address _____
 Emergency/alternative contact name _____ Phone # _____
 Emergency/alternative contact name _____ Phone # _____

Do you or your child have any health issues such as asthma, epilepsy, or physical disabilities that could affect you or your child's safety while exercising in the water?
 Yes ___ No ___
 If yes, please explain on the reverse side of the form.

Please indicate your time preference by placing an "X" by your preferred time slot.

- Adult Beginner**
May 4-27, 10:15-10:55 a.m.
(Tues. & Thurs.)
- Preschool (age 3-5)**
May 4-27, 10:15-10:55 a.m.
(Tues. & Thurs.)
- Preschool (age 3-5)**
May 4-27, 5:00-5:40 p.m.
(Tues. & Thurs.)
- Level 1 (school age only)**
May 4-27, 5:00-5:40 p.m.
(Tues. & Thurs.)
- Level 2/3 (school age only)**
May 4-27, 5:00-5:40 p.m.
(Tues. & Thurs.)

Arthur & Gloria Muselman Wellness Pavilion/Swiss Village, Inc. Release of Liability

PLEASE READ CAREFULLY. THIS IS A RELEASE OF LIABILITY AND A WAIVER OF CERTAIN LEGAL RIGHTS.

By my signature below, I hereby give permission for me and/or my son/daughter to participate in swim lessons. I agree and understand that this activity is hazardous and recognize that there are risks inherent to the activity that could lead to serious injury, including but not limited to slipping on wet decks, paralyzing injuries and death, and I assume all risk for any such injury or death. As a condition of participation in the above-described activity, I agree to waive all claims against the Arthur & Gloria Muselman Wellness Pavilion/Swiss Village, Inc. and to indemnify and hold the Arthur & Gloria Muselman Wellness Pavilion/Swiss Village, Inc., its Board, officers, agents, employees harmless from any and all liability claims, demands, losses, causes of action, suits or judgments of any kind whatsoever. In the event of illness or injury, I do hereby consent to whatever x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care and emergency transportation considered necessary in the best judgment of the attending physician, surgeon, or dentist. Further, I agree to pay all costs associated with the medical care and transportation. I have noted any medical /health problems that the staff should be aware of. I also understand that registration in this program constitutes permission to the Arthur & Gloria Muselman Wellness Pavilion/Swiss Village, Inc. to use photos and videos taken during the course of business in promotional materials. I have carefully read the above liability release and sign it with full knowledge of its contents and significance.

Participant/Parent/Guardian Signature _____ Print Name _____ Date _____

OFFICE USE ONLY

Fees	Payment method	
<input type="checkbox"/> \$20 per participant (Member)	<input type="checkbox"/> Cash	
<input type="checkbox"/> \$40 per participant (Non-Member)	<input type="checkbox"/> Check	Check # _____

of participants:
 _____ X
 \$ _____ =
 \$ _____ (Total Due)

Payment in the form of cash or check is due at the time of registration. Please make check payable to Swiss Village, Inc.

If you have questions or would like more information, contact Sarah Conrad or Marie Nussbaum at 589-4496.