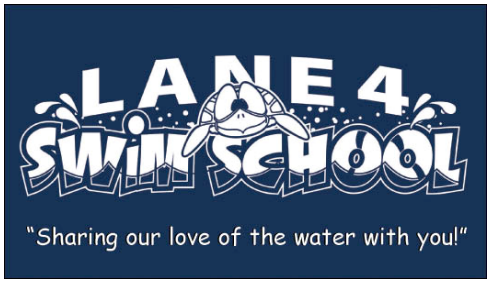

2009 Swimming Lessons

APPLICATION AND WAIVER FORM

AFTER CALLING LANE 4 SWIM SCHOOL (407-415-9720), MAIL THIS FORM WITH PAYMENT

Cash or checks are acceptable as payment. Checks should be made payable to Lane 4 Swim School and must be mailed (no checks on pool deck) with this completed registration form to: Lane 4 Swim School P.O. Box 593224, Orlando, Florida 32859-3224.

The undersigned agrees to defend, pay and save free and harmless Lane 4 Swim School, Inc., the facility owners where lessons are conducted and their respective agents, employee's actions, judgments and proceedings of any kind or in favor of anyone whomsoever and from and against all injury or property damage arising directly or indirectly out of, from or on account of applicant's presence at or use of, from or on account of applicant's presence at or use of the facilities or participation in any activities or programs applied for hereby or at any time hereafter.

My child (children) has been examined by a certified physician within the last year and is physically fit to participate in swim lessons. He or she is free from any contagious disease.

I understand that Lane 4 Swim School is unable to grant refunds. We reserve the right to: accept only those families who abide by our patient child-centered philosophy; to expel those families that do not abide by the philosophy, fail to follow rules, use foul language, or are disrespectful to teachers, staff, or fellow classmates.

Signature of Parent or Guardian: _____

PLEASE PRINT NEATLY

Parent's Names: _____
Father Mother Last Name

Child's Name: _____ **Age:** _____ **DOB:** _____
MM/DD/YYYY

Email Address: _____ Website Address: _____

Local Address: _____
Street City State Zip

Home Phone #: _____ Mobile Phone #: _____

Father's Occupation: _____ Work Phone #: _____

Mother's Occupation: _____ Work Phone #: _____

Briefly describe child's water experience/skills/level _____

Note any special conditions, needs, health concerns or allergies we may need to know of during the swim session:

_____

How did you hear about us: _____

Name of anyone other than parent who may bring or pick up child: _____

Child's Name	Class Location	Class Days	Class Times