Tallahassee Swim School Lesson Registration Form – Fall 2017

**Visit TalSwim.com for Online Registration**

**Or complete this form and call 850-668-2636 to schedule your lesson**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Swimmer’s Name:** | | |  | | | | | | **Date of Birth** | |  | **Age** |  | **M/F** |  | |
| **Parent / Guardian’s Name:** | | | |  | | | | | | | | | | | |
| **Address:** |  | | | | | **City, State** | |  | | | | | **ZIP** |  | |
| **Cell Phone:** | |  | | | **Cell Phone2:** | |  | | | | **Other Phone** | |  | | |
| **Email #1** | |  | | | | | **Email #2** | | |  | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Select: Private ($120) OR Semi-Private ($60 each child)** |  | **Partner’s Name** |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **(All times are in the afternoon/evening)** | **1:15-1:45** | **1:50-2:20** | **2:25-2:55** | **3:00-3:30** | **7:00-7:30** | **7:30-8:00** |
| **Session #1 Aug. 7 to Aug. 10 (M-Th)** |  |  |  |  |  |  |
| **Session #2 Aug. 14 to Aug. 17 (M-Th)** |  |  |  |  |  |  |
| **Session #3A Aug. 21 to Aug. 30 (M/W)** |  |  |  |  |  |  |
| **Session #3B Aug. 22 to Aug. 31 (T/Th)** |  |  |  |  |  |  |
| **Session #4A Sep. 4 to Sep. 13 (M/W)** |  |  |  |  |  |  |
| **Session #4B Sep. 5 to Sep. 14 (T/Th)** |  |  |  |  |  |  |
| **Session #5A Sep. 18 to Sep. 27(M/W)** |  |  |  |  |  |  |
| **Session #5B Sep. 19 to Sep. 28 (T/Th)** |  |  |  |  |  |  |
| **Session #6A Oct 2 to Oct 11 (M/W)** |  |  |  |  |  |  |
| **Session #6B Oct 3 to Oct 12 (T/Th)** |  |  |  |  |  |  |

**I have enclosed a check for $****Make the check payable to Tallahassee Swim School**

This fee is to cover the registration for swimming lessons with the Tallahassee Swim School. I understand that I must complete a Waiver and Release form before my child will be allowed to participate in these swim classes.

**Signature of Parent / Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Register online or call the office to schedule lessons

For lessons scheduled by telephone, mail this form, the Waiver/Release form, and the fees to:

**Tallahassee Swim School**

**1400 Village Square Blvd. #3-248**

### Tallahassee, FL 32312

**To be completed by TSS staff**

Date paid \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_ Check # \_\_\_\_\_\_\_\_\_\_\_\_ Instructor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

##### TALLAHASSEE SWIM SCHOOL

## WAIVER/RELEASE OF LIABILITY

## PLEASE READ CAREFULLY BEFORE SIGNING.

## THIS IS A RELEASE OF LIABILITY AND WAIVER OF CERTAIN LEGAL RIGHTS

|  |  |
| --- | --- |
| I |  |

the enrolled participant and/or the parent/ guardian of the participant agree and understand that swimming is a HAZARDOUS activity. I recognize that there are risks inherent in the sport of swimming, including but not limited to, paralyzing injuries and death.

The participant and/or parent/ guardian hereby agrees to participate in the Tallahassee Swim School and hereby agrees to indemnify and hold harmless the Tallahassee Swim School; The City of Tallahassee; Performance Enhancement Enterprises, Inc.; their instructors, officers, directors, agents, and employees against any liability resulting from any injury that may occur to the participant while participating in the Tallahassee Swim School. The participant and/or parent/ guardian also agrees to indemnify the Tallahassee Swim School for any damages incurred arising from any claims, demand, action or cause of action by the participant.

The participant and/or parent/ guardian authorizes any representative of the Tallahassee Swim School to have the participant treated in any medical emergency during their participation in the Tallahassee Swim School. Further, the participant and/or parent/guardian agrees to pay all costs associated with the medical care and transportation for the participant.

I have noted on the back of this form any medical/health problems of which the staff should be aware.

**I HAVE CAREFULLY READ THE ABOVE LIABILITY RELEASE AND SIGN IT WITH FULL KNOWLEDGE OF ITS CONTENTS AND SIGNIFICANCE**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Participant’s Name: | |  | Age: |  | Sex: |  |
| Signed: |  | | Date: |  | | |
|  | |  |  |  |  |  |
|  | |  |  |  | | |

**For phone registrations.Complete this form and waiver. Mail the form along with a check to cover lesson fees to:**

**Tallahassee Swim School, 1400 Village Square Blvd. #3-248, Tallahassee, FL 32312**