

**Tallahassee Swim School Lesson Registration Form – Summer 2014**

**Please complete this form and call 850-668-2636 to schedule your lesson.  
Visit TalSwim.com for more information**

Swimmer's Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ M/F \_\_\_\_\_

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

Address: \_\_\_\_\_ City, State \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone \_\_\_\_\_

E mail address #1 \_\_\_\_\_ Email address #2 \_\_\_\_\_

Swimming  
Experience

Select Instruction Method: Water Adjustment \_\_\_\_\_ Primary Skills \_\_\_\_\_ Stroke Development \_\_\_\_\_

Select: Private (\$110) OR Semi-Private (\$55 each child) \_\_\_\_\_ Partner's Name \_\_\_\_\_

**Select Session date**

Session #1 June 2 - 5	
Session #2 June 9 - 12	
Session #3 June 16 - 19	
Session #4 June 23 - 26	
Session #5 June 30 - July 3	
Session #6 July 7 -10	
Session #7 July 14 - 17	
Session #8 July 21 - 24	
Session #9 Jul 28 - Jul 31	

**Select Pool and Session time**

Forest Meadows	9:00 – 9:30 AM		
	9:35-10:05 AM		
	10:10 – 10:40 AM		
	3:20 – 3:50 PM		
	3:55 – 4:25 PM		
	4:30 – 5:00 PM		
Trousdell	11:20 - 11:50 AM		
	11:55 AM – 12:25 PM		
	12:30 – 1:00 PM		
	1:05 – 1:35 PM		
	5:30 – 6:00 PM		
	6:05 – 6:35 PM		
	6:40 – 7:10 PM		

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 \_\_\_\_\_

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: \_\_\_\_\_

**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**