



90 Swanson Road, Boxborough, MA 01719

Phone: 978-635-0500

Fax: 978-635-9510

GROUP SWIM LESSON REGISTRATION FORM 2010 Summer Session

- ___ Tues. July 6 thru Thur. July 15 – 8 days - \$170.00 - No class on Monday, July 5
___ Mon. July 19 thru Thur. July 29 – 8 days - \$170.00 - No class on Friday, July 23rd
___ Tuesday, July 6th to Tuesday, August 17 – 7 weeks \$155.00
___ Wednesday, July 7th to Wednesday, August 25 – 8 weeks \$170.00

Parent/Guardian: _____ Home Phone: _____

Address: _____ Town: _____ Zip: _____

E-mail: _____ DOB _____

Cell: _____ Work Phone: _____

Child's Name: _____ Age: _____ Swim Level: _____ DOB _____

Day: _____ Time: _____ Instructor _____

Child's Name: _____ Age: _____ Swim Level: _____ DOB _____

Day: _____ Time: _____ Instructor: _____

Cancellation policy: If Swymfit must cancel a class, for any reason, you will be notified as soon as possible and we will be responsible for the makeup class. If you miss a group class, there are no guaranteed make-up classes without a doctor's note. For circumstances in which a doctor's note is not available, a make-up class may be scheduled at our discretion and on a space available basis. If a make-up class is still due at the end of a session, Swymfit will issue a facility credit. Swymfit will not issue cash refund. **INITIAL:** _____

Liability Waiver: By signing below, I Parent/Guardian of the registered swimmer recognize the inherent risks of swimming. These include, but are not limited to slipping on wet surfaces, cuts, scratches, broken bones and the potential for more serious injury including drowning. I understand that physical activity creates a potential risk to the bones, joints, ligaments and muscles as well as the cardiovascular system. By signing below, I release Swymfit, the Harvard Ridge Fitness Center, its employees, agents and entities thereof from any direct or consequential injuries that may result from participating in the swimming program or being present on the premises. I also agree to enforce standard pool safety rules while my child is going to and from the swimming pool and while using the locker rooms. I also agree to take sole responsibility for siblings, friends or other guests who accompany my child to class. Pool safety rules are posted in the pool area and are additionally available on request. **We do not have a lifeguard on duty. I understand that it is my responsibility to watch my children, siblings, friends and other guests at all times.** **INITIAL:** _____

By signing below, I (Parent/Guardian of the registered swimmer) confirm that I have read and understood both the cancellation policy and the liability waiver.

Parent/Guardian Signature: _____ Date: _____

Number of weeks enrolled: _____ Staff Initials: _____

Payment Type: _____ Payment Date: _____ Total Payment: _____