



90 Swanson Road, Boxborough, MA 01719 Phone: 978-635-0500 Fax: 978-635-9510

SUMMER
SWIM TEAM REGISTRATION FORM
June 22 to August 14 - 8 Weeks
Tuesday and Thursday 4:30-6:00pm, Practice
Saturday or Sunday Swim Meets TBD
Cost: \$195.00

Parent/Guardian: _____ Home Phone: _____

Address: _____ Town: _____ Zip: _____

Email: _____ DOB: _____

Cell Phone: _____ Work Phone: _____

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

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Cancellation and Refund Policy: There will be no cash refunds without medical notice. **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 up to 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: _____

Staff Initials: _____ Payment Date: _____ Total Payment: _____ Payment Type: _____