

Parent Name:	Cell #:			lext? Yes or No	
Mailing Address:			_		
Email:					
Child's Name:	Age:	Gender:	Put face in wate	er? Side Breath? S	Swim length of pool?
1		_ M/F	YES or NO	YES or NO	YES or NO
2		M/F	YES or NO	YES or NO	YES or NO
3		_ M / F	YES or NO	YES or NO	YES or NO
4		_ M/F	YES or NO	YES or NO	YES or NO
5			ES or NO	YES or NO	YES or NO
Registering for:					
□ Group Swim Lessons	\$105 per	child			
*Session is 6 swim lessons *6	Classes are	e 30 mins			
□ Private Swim Lessons	\$50 per]	lesson, 30 m	nin session		
*Instructor will schedule with	-	ŕ			
***SPECIAL NOTES:					

***Contact Instructor directly for level placement, time/sessions available, & all other questions. Kim Williams 360-547-3969 Text/Call Email: kimswimntrim@gmail.com

****MAKE CHECKS PAYABLE TO CAMANO COUNTRY CLUB

PLEASE PLACE REGISTRATION FORM & PAYMENTS IN LOCKBOX OUTSIDE THE CLUBHOUSE RIGHT SIDE OF DOOR UNDER LIGHT MARKED "SWIM REGISTRATIONS"

SWIM LESSON REGISTRATION Page 2

Parent Name:	Cell #:		
Mailing Address	5 :		
Registration/Pay	ment for Child's Name(s)	:	·····
Group Swim Less	sons: Payment per Sessions	on/Child:	-
	e NO refunds unless class is cancelle		ouse.
Private Swim Les	sons: \$50 private per le	sson	
Make CHECKS Pa	ayable to Camano Country	Club	
Date:	Total Paid:	Check #	OR Cash
Instructor, Camano Country Club, it behalf. You agree that this Release i You provide this Release freely, and 1.)GENERAL RELEASE: I herebe Williams, Camano Country Club an harmless from any and all claim and which may be aggravated during or and all claims of action, which I and arising out of my and/or my child's (be as broad and inclusive as permitt continue in full force and effect. 2.) and/or minor child(ren) at its sole di	AIVER OF LIABILITY. (the "Release") You individes officers, directors, board members, employees, volutise effective immediately. This is important to you and divide without duress under the following terms: by agree for myself and/or child(ren) and our respective distriction of any nature for any and all person by any activity during the course of the program in wild/or my child may now or hereafter have against Release (ren's) participation in the program. I further expressly ted by the law of the State of Washington and that any Photographic Release: I consent to be photographed iscretion. HAVING READ, UNDERST	nteers, agents, independent contractor for any minor children, so do not sign to heirs, assigns and legal representation agents, independent contractors, and all injury or illness, including death, which I have decided to allow myself asses which may at any time arise as a requirement of the foregoing portion thereof is held invalid, it is a and to allow Kim Williams &Caman STOOD, AND AGREE	r, other participants, and/or others acting on a until you have had your questions answered ves, to indemnify, defend & hold Kim other participants ("Releases") in the prograthich may occur to me and/or my child(ren) and/or child(ren) to engage. I further waive a result of any act or thing occurring in or indemnity, release and waiver is intended to greed that the balance shall, notwithstanding to Country Club use of any photos of myself
	,		
PARENT/GUARDIAN	•	_	