

Please print and send in with your deposit.

Participant(s) name(s) _____

Age(s) _____ Birth date(s) _____

Parent's name _____

Parent's e-mail address _____

Home phone _____ Cell Phone _____

Medical conditions: _____

Complete mailing address _____

City and Zip Code _____

Please write child's name, session #, time, and class level

Child #1 _____

Child #2 _____

Child #3 _____

Child #4 _____

Liability waiver: I do hereby for myself, my heirs, executors and administrators, waive, release and forever discharge any and all rights and claims for damage which the participants (named above) may have or may accrue to him/her arising out of or connected with his/her participation in any of the activities of these swimming lessons. I am aware of the risks involved and I agree to allow my child to participate in these lessons.

Signature _____ Date _____

Mail by May 1st (with \$25 deposit per child) to:

Molly Simmons
19094 E Ryan Rd
Queen Creek, AZ 85242