

IVES POOL – PUBLIC SWIM LESSONS

Swimmer's **LAST** Name _____ Swimmer's First Name _____ Age _____ Sex _____

Parent or Guardian _____ e-mail address (print clearly) _____

Mailing Address _____ City _____ Zip _____

Home Phone _____ Cell/Work Phone _____

Emergency Contact _____ Phone _____

Does your swimmer have any Physical, medical or other needs? Please explain:

1. You have the responsibility to make sure your child is enrolled in the current class. If your child is signed up for a class in which he/she is not qualified, they will only be placed in the proper class if there is vacancy.
2. No class make-ups or credits are available. If you child misses lessons, he/she is encouraged to attend the remaining days.
3. Class will not be cancelled in the event of rain. If the event of lightening, class will be cancelled and another class may be scheduled or a credit, claimed within 72 hours, will be offered toward another class.
4. Parents and others not enrolled in the classes should remain 3 yards from the pool edge, unless specifically requested by the instructor.
5. You must escort you child to and from their instructor at the beginning and end of each class. The pool deck can be slippery and dangerous when wet.

LIABILITY RELEASE: The undersigned in consideration of participation in this activity agrees to indemnify and hold harmless WESTERN SONOMA COUNTY SWIMMERS, THE CITY OF SEBASTOPOL, its officers, employees and agents from any and all liability for any injury arising out of, or in any way connected with participation in the activity. I understand that W.S.C.S. does not provide medical insurance.

CANCELLATION AND REFUND POLICY: Refunds for classes are not possible because of instructor commitment and space availability. Classes may be cancelled by W.S.C.S. for insufficient enrollment (minimum of 3 persons per class), in which case a full refund will be made.

Signature (parent or guardian) _____

Office Use Only

<input type="checkbox"/>	_____	<input type="checkbox"/> Credit Card <input type="checkbox"/> Check <input type="checkbox"/> Cash	_____	_____
	Session Time Level	Payment	Staff	Today's Date
<input type="checkbox"/>	_____	<input type="checkbox"/> Credit Card <input type="checkbox"/> Check <input type="checkbox"/> Cash	_____	_____
	Session Time Level	Payment	Staff	Today's Date
<input type="checkbox"/>	_____	<input type="checkbox"/> Credit Card <input type="checkbox"/> Check <input type="checkbox"/> Cash	_____	_____
	Session Time Level	Payment	Staff	Today's Date
<input type="checkbox"/>	_____	<input type="checkbox"/> Credit Card <input type="checkbox"/> Check <input type="checkbox"/> Cash	_____	_____
	Session Time Level	Payment	Staff	Today's Date
<input type="checkbox"/>	_____	<input type="checkbox"/> Credit Card <input type="checkbox"/> Check <input type="checkbox"/> Cash	_____	_____
	Session Time Level	Payment	Staff	Today's Date
<input type="checkbox"/>	_____	<input type="checkbox"/> Credit Card <input type="checkbox"/> Check <input type="checkbox"/> Cash	_____	_____
	Session Time Level	Payment	Staff	Today's Date