



## 2022 Summer Group Swim Lessons

### FOR OFFICE USE ONLY

Total Due: \$ \_\_\_\_\_

ID Check \_\_\_\_\_ Receipt \_\_\_\_\_ Receipt # \_\_\_\_\_

Cashier's signature \_\_\_\_\_ Date \_\_\_\_\_

### Sponsor Information

Sponsor's Name: \_\_\_\_\_ Rank: \_\_\_\_\_

Command: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

PSC Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Spouse/Parent Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### Emergency Contact Information: (Must supply at least one alternative contact)

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

### Participant Information: (CHILD 1)

Name: \_\_\_\_\_ M / F / NA Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Previous Skill Level Attended: \_\_\_\_\_ Where/When? \_\_\_\_\_

Physical/Medical Conditions/Allergies (please list): \_\_\_\_\_

\_\_\_\_\_

### **OFFICE USE ONLY**

Level: \_\_\_\_\_

Time: \_\_\_\_\_

Session: \_\_\_\_\_

Cost: \_\_\_\_\_

### Participant Information: (CHILD 2)

Name: \_\_\_\_\_ M / F / NA Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Previous Skill Level Attended: \_\_\_\_\_ Where/When? \_\_\_\_\_

Physical/Medical Conditions/Allergies (please list): \_\_\_\_\_

\_\_\_\_\_

### **OFFICE USE ONLY**

Level: \_\_\_\_\_

Time: \_\_\_\_\_

Session: \_\_\_\_\_

Cost: \_\_\_\_\_

I understand that participation in the swim lesson program session(s) does not guarantee advancement to the next level of instruction, and that passing to the next level is determined by skills competency.

I also understand that in the event of minor inclement weather, or in case of facility mechanical issues, a safety-day poolside will be conducted, instead of in-water classes; and if I choose not to have my child attend, there is no refund for not attending a safety day.

I understand classes will be cancelled due to truly severe inclement weather and that every effort will be made to inform me at least 30 minutes in advance of a cancellation, either via MWR Aquatics Facebook notification, email, or via phone call if possible. I understand that make-up date(s) will be scheduled at MWR Aquatics' earliest convenience, and there is no refund for being unable to attend a scheduled make-up date.

I agree that classes missed due to inability to attend are not the responsibility of the instructor or MWR Aquatics, and there are no refunds or make-up classes if a participant is unable to attend a scheduled, held class.

Waiver:

Participation in any activity and use of any recreational facility involves a risk of accidental injury despite all safety precautions.

Having been informed of the activities to be conducted by MWR Aquatics at the Support Site Pool, US Naval Support Activity Naples,

I/we as an individual or as a parent or guardian of the participants herein, assume all risks and hazards incidental to the activity, release responsibility, and agree to indemnify and hold harmless MWR Aquatics, it's directors, independent contractors, volunteers, and all employees for any illness or injury to me, my children, or family members occurring during his/her/our participation in any activity or use of recreational facility at or conducted by MWR Aquatics.

**Parent/Guardian**

**Signature**\_\_\_\_\_ **Date**\_\_\_\_\_

Additional Children

**Participant Information: (CHILD 3)**

Name: \_\_\_\_\_ M / F / NA Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Previous Skill Level Attended: \_\_\_\_\_ Where/When? \_\_\_\_\_

Physical/Medical Conditions/Allergies (please list): \_\_\_\_\_

\_\_\_\_\_

***OFFICE USE ONLY***

Level: \_\_\_\_\_

Time: \_\_\_\_\_

Session: \_\_\_\_\_

Cost: \_\_\_\_\_

**Participant Information: (CHILD 4)**

Name: \_\_\_\_\_ M / F / NA Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Previous Skill Level Attended: \_\_\_\_\_ Where/When? \_\_\_\_\_

Physical/Medical Conditions/Allergies (please list): \_\_\_\_\_

\_\_\_\_\_

***OFFICE USE ONLY***

Level: \_\_\_\_\_

Time: \_\_\_\_\_

Session: \_\_\_\_\_

Cost: \_\_\_\_\_

**Participant Information: (CHILD 5)**

Name: \_\_\_\_\_ M / F / NA Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Previous Skill Level Attended: \_\_\_\_\_ Where/When? \_\_\_\_\_

Physical/Medical Conditions/Allergies (please list): \_\_\_\_\_

\_\_\_\_\_

***OFFICE USE ONLY***

Level: \_\_\_\_\_

Time: \_\_\_\_\_

Session: \_\_\_\_\_

Cost: \_\_\_\_\_

**Participant Information: (CHILD 5)**

Name: \_\_\_\_\_ M / F / NA Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Previous Skill Level Attended: \_\_\_\_\_ Where/When? \_\_\_\_\_

Physical/Medical Conditions/Allergies (please list): \_\_\_\_\_

\_\_\_\_\_

***OFFICE USE ONLY***

Level: \_\_\_\_\_

Time: \_\_\_\_\_

Session: \_\_\_\_\_

Cost: \_\_\_\_\_