

Indoor 2023-2024 Belen Swim Lessons Registration

Name of Participant _____ Age _____ Sex _____

Parent/ Guardian _____ Relationship _____

Home Address _____

Home Phone _____ Cell Phone _____ Work Phone _____

Emergency Contact (List person to be called in case of an emergency when parents cannot be reached)

Name _____ Relationship _____ Phone # _____

Please list existing medical conditions, allergies, or any other special conditions:

I hereby give my daughter/son _____ permission to participate in the Belen Pool Swim Lessons. I hereby agree to hold harmless and free from liability the Belen Consolidated Schools, their agents and/or employees for any damages to my child's health or injury to his/her person or property while participating in the Belen Pool Swim Lessons. I further agree to defend, indemnify, and hold harmless the above-mentioned parties from and against any and all such claims for damages.

Parent/ Guardian

Date

Check Preferred Sessions:

_____ 1st Session: Sept. 5– Sept. 15

_____ 2nd Session: Sept. 19- Sept. 29

_____ 3rd Session: Oct. 3 – Oct. 13

_____ 4th Session: Oct. 17 – Oct. 27

5th Session: Feb. 27 – Mar. 8

6th Session: Mar. 12 – Mar. 22

7th Session: April 2 – April 12

8th Session: April 16 – April 26

Check Preferred Time:

_____ 4:30-5:00: Intermediate, Adv. Beginner, Beginner (Indoor Pool)

_____ 5:00-5:30: Intermediate, Adv. Beginner, Beginner (Indoor Pool)

_____ 5:30-6:00: Parent/ Tot (Indoor Pool)

***Beginners must be 5 years old. Doctors recommend Parent /Tots should be at least 1 year old.** _____ (Parent Initials)