



444 Green Street, Gardner, MA 01440

(978)630--9354

PRIVATE AND SEMI-PRIVATE SWIM LESSON
REGISTRATION FORM

Name of swimmer (please print legibly)

Age

Date of Birth

Name of Parent/Contact person

Telephone number

Email address

Fees: **5 sessions 30 minutes each**

Private \$125 (1 person)

Semi-Private \$200 (2 people \$100 each)

SWIMMER'S AVAILABILITY:

DAYS AND TIMES AVAILABLE ON A WEEKLY BASIS: **(Please give 2-4 days and times available)**

FOR OFFICE USE ONLY:

Instructor: _____

Day and time beginning on _____

Date _____

Paid _____



Permission and Assumption of Risk and Release:

I give my permission for this (myself) child to participate in the selected swim program. I understand that in the unlikely event of an accident, every attempt will be made to contact the person (s) named below. If unsuccessful, I give my permission to the staff to secure emergency medical services to aid my child (myself), including, (if necessary) hospitalization. Any expense arising from the injury or illness is the responsibility of the person signing below.

In consideration of being permitted to participate in this program I, the under signed, in full recognition and appreciation of the dangers and hazards inherent in such activities during this program, do hereby agree to assume all risks and responsibilities surrounding my participation in this program, or activities undertaken as an adjunct thereto; and I assume all risks for injuries and illness: caused by or related to this program: and further I do for myself, my heirs and personal representatives hereby defined hold, harmless, indemnify, and release, and forever discharge Mount Wachusett Community College and all its officers, agents, and employees from and against all claims, demands, and action, or causes of actions, on account of damage to personal property, or personal injury or death which may result from my participation, and which results, from the causes beyond the control of, and without the fault or negligence of MWCC, its officers, agents or employees, during the period of participation.

I ALSO UNDERSTAND THAT AFTER THE FIRST LESSON, I HAVE 2 MONTHS TO COMPLETE THIS BANK OF SWIM LESSONS WITH MY INSTRUCTOR. After that time, any un-used lessons may be forfeited unless prior arrangements have been made due to circumstances which have prevented the completion of my scheduled lessons.

Date

Name of Participant

Parent/Guardian Signature for enrollee under age of 18

Emergency Information: It is of utmost importance that our office has a telephone number available where a responsible person can be contacted in case of accident or illness.

Emergency Phone Number

Name of Contact

If you have a disability and may require accommodations to participate fully in the program, please contact the program director to discuss your specific needs. In some cases, a two week notice may be necessary.