

# SWIM LESSON REGISTRATION FORM

## SUMMER 2022

Please register the following child(ren) in the classes indicated. I understand that the class(es) indicated below may be full and that my child may be placed in a class that is comparable. This form must be signed and returned with full payment. Payment method is by check only.

*Please print clearly.*

### NAME AND AGES OF CHILDREN

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

### PARENT INFORMATION

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

PHONE (required): \_\_\_\_\_ EMAIL \_\_\_\_\_

ADDRESS \_\_\_\_\_

EMERGENCY NAME/ PHONE(required): \_\_\_\_\_

### CLASS REQUEST: (INDICATE CHILD NAME AND CLASS REQUESTED)

SESSION I – June 28, 29 & 30 AND July 5, 6 & 7

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SESSION II – July 12, 13 & 14 AND July 19, 20 & 21

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PRICE: \$10.00 PER STUDENT PER 6 LESSON SESSION \*\*NON-REFUNDABLE\*\***

**MAKE CHECKS PAYABLE TO STURBRIDGE LAKES ASSOCIATION and mail along with completed form no later than June 3rd, 2020** to Sturbridge Lakes Association, c/o Associa Mid-Atlantic, 14000 Horizon Way, Suite 200, Mt. Laurel, NJ 08054. **Class sizes are limited. Registration forms received after June 3rd, 2020 may be declined.**

### **WAIVER OF RIGHTS & INDEMNIFICATION (required)**

**I agree to indemnify and hold harmless** Sturbridge Lakes Association and any of its employees, agents, representatives, heirs and assigns from any and all claims or causes of actions filed on behalf of myself or any of my minor children and **any claims** filed on behalf of any third-parties for any acts or omissions which may have been caused directly or indirectly by myself or any of my minor children in any way related to my child's involvement in swim lessons. I further certify that my child is physically able to participate in any of the skills which may be presented and if not will notify the instructor prior to registration for the class.

DATE

SIGNATURE OF PARENT (if minor) or CLASS PARTICIPANT