

**SWIM LESSON REGISTRATION FORM  
2013**

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.

**NAME AND AGES OF CHILDREN**

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

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

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

**ADDRESS:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

**EMERGENCY NAME AND PHONE:** \_\_\_\_\_

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

**SESSION I – June 25, 26 & 27 AND July 2, 3 & 5**

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

**SESSION II – July 16, 17 & 18 AND July 23, 24 & 25**

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

**PRICE: \$5.00 PER STUDENT PER SESSION \*\*NON-REFUNDABLE\*\***

**MAKE CHECKS PAYABLE TO STURBRIDGE LAKES ASSOCIATION**

I agree to indemnify and hold harmless Sturbridge Lakes Association and any 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 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. I further certify that or 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**