



Coldspring Swim and Tennis Club

Swim Lesson Registration Form

2008

Participant Information			
Name of Participant (first)		(last)	
Address		City	Zip Code
Phone	Email	Emergency Contact Information	
		Name:	
		Phone:	
If the participant is under the age of 18, then please print parent's name below:			
Course Information			
Course Code	Session # (if applicable)	Date(s) of Session	Fee
Total Payment Due:			
Select from the following Course Codes:			
FS=Fundamentals of Swimming		L3=Level Three	
L1=Level One		TR=Transition Skills	
L2=Level Two		PT=Pre-Team Skills levels 5-7	
GS=Guardstart			

Medical Release

I give my child/self _____ permission to participate in the course(s) identified above. I agree to not hold Coldspring Swim and Tennis Club, or any of its agents responsible for any injury or illness that may occur to my child/self before, during or after participation in the course(s) identified above.

Signature: _____ **Date:** _____
 (Parent's signature required for all participants under the age of 18.)

We appreciate your business!