

Carefree Crocodiles 2009 SWIM LESSONS Registration

Swimmer's Name: _____ Date of Birth: _____
 Address: _____ Age: _____
 City: _____ Zip: _____ Gender (M/F): _____
 Previous swim lessons? Yes _____ No: _____
 Father/Guardian: _____ H. Phone: _____ W. Phone: _____
 Mother/Guardian: _____ H. Phone: _____ W. Phone: _____
 E-mail address (required): _____

Session Information

Please check the session(s) your swimmer will be attending:

June 15 - 26 _____ Session 1a: 9:30 - 10:10 M, T, Th, F
 _____ Session 1b: 10:15 - 10:55 M, T, Th, F

June 29 - July 2 _____ Session 2: Special Stroke Development Session for swimmers
 ages 7+ who are in Level 4 or higher M, T, W, Th 9:30 - 10:55

July 6 - 17 _____ Session 3a: 9:30 - 10:10 M, T, Th, F
 _____ Session 3b: 10:15 - 10:55 M, T, Th, F

Registration Fees (per session attended)

	Carefree Resident OR	Non-Carefree Resident
	Carefree Swim Team Family Member	

1 child	\$60.00	\$70.00
2 children	\$115.00	\$135.00
3 children	\$165.00	\$190.00
4 children	\$205.00	\$255.00

Cash: _____ Check #/Amount: _____ Recvd. by: _____

Space is limited. Payment is due at the time of registration. All registration fees are due by May 29, 2009. A \$35 late registration payment will be due for any registrations received after May 29. Please make checks payable to **Carefree Crocodiles Swim Team**. Mail form and payment to Marianne Whelchel, Registrar, 501 Shady Lane, Greenwood, IN 46142.

Parent/Guardian Consent

I/we, the parents (or legal guardian), give permission to the above-named child to participate in all swimming activities during the Swim Lesson session. I/we assume all risks and hazards incidental to such participation, including transportation to and from activities. I/we agree to indemnify and to release Carefree Crocodiles Swim Team, Carefree Club, Inc., and Blue Waters of Indiana, Inc. the organizers, supervisors, participants and persons transporting my/our child to and from activities, from all claims arising out of my/our child. I/we certify that my/our child is/are physically fit to participate in the swim lessons sponsored by the Carefree Crocodiles Swim Team.

Does your child have a medical limitation/condition? YES: _____ NO: _____

If yes, please indicate details on the reverse side of this form.

 Parent/Guardian Signature

 Date