Carefree Crocodiles 2010 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 21 – July 2
_____ Session 1a: 9:30 - 10:10 M, T, Th, F
_____ Session 1b: 10:15 - 10:55 M, T, Th, F

July 6 – 9
_____ Session 2: New! Swim Camp for ages 7+ who are in Level 4 or higher T, W, Th F 9:30 – 10:55

July 12 - 23
_____ Session 3a: 9:30 – 10:10
_____ Session 3b: 10:15 - 10:55

Registration Fees (per session attended)

	Carefree Resident OR Carefree Swim Team Family Member	Non-Carefree Resident
1 child	$65.00	$75.00
2 children	$125.00	$145.00
3 children	$180.00	$210.00
4 children	$230.00	$270.00

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

Space is limited. Payment is due at the time of registration. All registration fees are due by June 5, 2010. A $35 late registration payment will be due for any registrations received after June 5. 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., 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