

PRIVATE SWIM LESSONS REGISTRATION FORM AND WAIVER-

Private lessons are set up to be individualized swimming instruction with a qualified staff instructor. Private lessons are offered during _____ t come first serv _____ will be emailed or called when the lesson is scheduled. Cancellations made 72 hours in advance will be rescheduled; cancellations made less than 72 hours in advance will not be rescheduled. There will be no phone registrations for Private and Semi private lessons. Please mail or email this registration form and attached waivers to our email or address listed below. Questions about rescheduling should be directed to swimlessons@cbsd.org. or call Sue Heine at 2678935708. All balances **MUST** be paid in full at the time of registration **NO REFUNDS WILL BE GIVEN.** Cost: One 30 minute Private Lesson is \$35, one 30 minute Semi-Private (2 children) Session is \$17.50 per student (two students signing up together), three 30 minute private lessons \$95. Lessons are on Tuesday and Thursday from June 28th to August 19th . You may type on this form and save it and then send it to us as an attachment.

Swimmer's name _____ Date of Birth _____ Age _____ Sex _____

Parent or Guardian Name _____ Email Address _____

Address _____ City _____ State _____ Zip _____

Phone #: (Day) _____ (Night) _____ Cell _____

Total Amount Due \$ _____ **Check number** _____

Credit Card Number _____ Exp Date _____

Signature _____ (Can be electronic or typed in)

Requested Dates _____

Requested Times _____

Alternate time _____

The only Blackout date is March 7.

All Private Swim Lessons are on Sunday from 9:00AM to 2:30PM in half hour segments. A calendar will be emailed to you before your Sunday lesson. Please check the times, classes start on the hour and half hour, please arrive early.

Email to: swimlessons@cbsd.org

Mail to: Swimming-CB Community School, Sue Heine, 16 Welden Drive, Doylestown, Pa 18901

PARENT CONSENT CERTIFICATE and PERMISSION AND RELEASE WAIVERS

To be eligible for participation in swim lessons this waiver must be on file with the Community School and this certificate of consent signed by a parent or guardian.

" I give my consent for the above named child to take part in any community school sports camps and activities." **PARENT'S OR GUARDIAN'S** The Central Bucks School District has no responsibility to provide first aid at any of the community school athletics and the parents or guardian understands that the risk of injury is assumed by the student and parent when they sign this form. However, in the event physicians, physical therapists, physician's assistants, nurses, or other persons trained in the rendering of first aid are available, as volunteers or otherwise, and render aid to any student injured during the course of any such activities or travel, the parents do hereby release and forever discharge such persons and the Central Bucks School District from any liability arising out of any first aid or immediate treatment of injuries.

STATEMENT REGARDING ACCIDENT INSURANCE WAIVER

We/I the undersigned are completely aware that the Central Bucks School District, Central Bucks Community School **DOES NOT** provide accident insurance for ANY child or adult participating in the aquatics programs offered by Central Bucks Community School and assumes **NO LIABILITY** for injuries sustained from participation. We/I, the undersigned, further acknowledge and agree that neither the School District, the Community School, will assume any liability for any injuries sustained by participation in the program. We herein release the School District, the Community School, its agents, representatives, employees and the like from any and all liability related to the participation in the programs offered by the School District and Community School.

Parent or Guardian Signature _____

Relationship to child _____

