

Prospective New Swim School Swimmers
September 2009

LIONS AQUATIC CENTRE

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Department of Sports

Grand Cayman, Cayman Islands

Swim School

Swim School

GROUP REGISTRATION FORM

Level: (1) (2) (3) (4) (5) (circle/mark one)

Swimmers will be placed in classes on a first come first served basis where space is available. Should a swimmer not be immediately placed, they will be placed on the reserve list and notified once a space has been identified.

NOTE: Forms submitted prior to September 1st 2009 will NOT BE ACCEPTED.

IF UNABLE TO ATTEND A CLASS YOU MUST NOTIFY THE INSTRUCTOR

Swimmers who miss more than two (2) classes for the term without proper notification will be removed and replaced by those on our reserve list.

Swimmers Name _____ D.O.B. _____ (D/M/Y)

Parents Name _____

Telephone (H) _____ (W) _____ (C) _____

Email _____ School _____

PLEASE DISCLOSE ANY MEDICAL INFORMATION WE SHOULD BE AWARE OF:

I, the undersigned, certify that I am/my child is physically fit and have not been otherwise informed by a physician. I am aware of the risks inherent in swimming and agree to assume all those risks. I hereby waive any rights to claim for loss or damage arising out of my/my child's participation in any activities incident thereto against the Cayman Islands Government or any of its employees. I further agree to abide by the Pool Rules

SIGNATURE (Parent/Guardian if under 18 years) _____ **Date:** _____

For office use only:

Assigned Class: Day _____ Time _____