

Swim Lessons by the El Paso Olympians - 2017

Program Registration Information (please print all information)

Adult Contact Name _____

Phone numbers we can reach you at _____

Email _____

Emergency Contact Info _____

Participant information:

Swimmer's Name _____

Swimmer's Age _____ Swimmer's Gender _____

Which session would you like to enroll in? (circle as many as you would like to enroll in)

SESSION ONE: June 5-15 SESSION TWO: June 19-June 29 SESSION THREE July 3-13

Which level would you like to enroll in? (circle one)

Mommy & Me LEVEL ONE LEVEL TWO LEVEL THREE

LEVEL FOUR (Junior Olympians- only offered from 9:15-9:45)

Which time slot would you like to enroll in? (circle up to three: recommended only one)

9:15-9:45 (Only offered for LEVEL 4, all LEVEL 4 must choose this time slot)

10:00-10:30 10:30-11:00 11:00-11:30

Total Due: (\$30 per session) _____ Received by _____

Make checks out to "El Paso Olympians"

I hereby understand that I or my family members acknowledge the risks inherent in the above activity and agree that no liability will be claimed or enforced against any person or group therewith connected. I further understand that no hospitalization, health or accident insurance coverage is provided in connection with said registration. I give permission to the El Paso Olympians staff members to photograph or video tape the above participants for the following purposes: promotional material for pamphlets, newspaper articles, flyers, brochures, and bulletin boards. I understand that all photos, negatives, videotapes, will remain in the possession of the El Paso Olympians and not released to other entities or organizations.

Parent Signature _____ Date _____