

## Instructions!

[www.neighborhoodswim.com](http://www.neighborhoodswim.com)

See list of all class times on web site above.

Please print and fill out the Swim lesson registration form below and mail **with payment** (check or money order) to:

Barbara Carpenter  
536 Chatham Road  
Belton, TX 76513

Cost is \$75.00 per person per week for **Private** lessons.

Cost is \$ 35.00 per child per week for Mommy and Me **Group** lessons.

Upon receipt of registration form and payment I will give you a call to schedule swim lessons.

**All swim lessons are scheduled on a first come, first paid basis this year!**  
**No Changes and No Refunds**

# Neighborhood Swim Lessons



**PLEASE PRINT!**

Child's name \_\_\_\_\_ Age: \_\_\_\_\_

Child's name \_\_\_\_\_ Age: \_\_\_\_\_

Child's name \_\_\_\_\_ Age: \_\_\_\_\_

Parent's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_



Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Emergency Phone \_\_\_\_\_ Name \_\_\_\_\_

Email: \_\_\_\_\_

Swim Date/time Preference(s): \_\_\_\_\_

## Wavier & Release from Liability

**The safety of your child(ren) is our number one priority.**

In consideration for allowing my child(ren) to participate in the Neighborhood Swim lessons, I agree on behalf of my child and my family to release Barbara Carpenter and **all** instructors from liability arising out of the participation of my child in this swim program. I agree to emergency treatment by a physician or hospital. Each participant's family medical insurance policy must cover **any** medical cost that may be incurred.

\_\_\_\_\_  
**Signature of Parent/Guardian** **Date**

**FOR OFFICE USE ONLY**  
Method of Payment: Cash \_\_\_\_\_ Check # \_\_\_\_\_ # of Children \_\_\_\_\_  
Amount Paid: \_\_\_\_\_ Date Paid: \_\_\_\_\_  
Scheduled Swim Dates/times: \_\_\_\_\_