



## REGISTRATION FORM

STUDENT'S NAME (please print): \_\_\_\_\_

Age: \_\_\_\_\_ Date-Of-Birth: \_\_\_\_\_

Session: \_\_\_\_\_ Time: \_\_\_\_\_

Swimming Level:    Novice            Beginner            Intermediate            Advanced

Parent or Guardian (print) \_\_\_\_\_ Parent or Guardian (sign) \_\_\_\_\_

Address: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

I, \_\_\_\_\_ (print name)

Do hereby give my permission to allow the above mentioned student/child to take part in swim lessons offered by the Cougar Swim School offered at the SLV High School Pool with the consent of the SLV Unified School District. However, Cougar Swim School is neither approved, carried out, nor supervised by the District, and Kurt Edwards, (Contractor) is solely responsible for the Cougar Swim School program. I further understand that swimming is a dangerous activity and agree to release, indemnify, hold harmless Kurt Edwards, his employees, agents, volunteers, SLVUSD, their agents, volunteers, employees, and waive all claims, liability, (including attorney's fee) for property damage, bodily injury, & death arising from my/child's negligence or willful misconduct relating to my or my child's participation in the swimming program.

Signed \_\_\_\_\_ Date: \_\_\_\_\_

*Once we have your completed paper work, we will call you to confirm class times for your child. The Registration Fee and first session's tuition will be due at the time class times are confirmed. Registration fee and tuition are non-refundable. Plan to arrive 15-20 minutes prior to your child's first lesson to receive a class pass and become familiar with our facility.*

### **COUGAR SWIM SCHOOL**

3571 Ledyard Way Aptos, CA 95003 831 239-4228

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