SWIM LESSONS

A. LESSON
Class: __________________________

Session: 1 2 3 4 5 6

B. PARTICIPANT INFORMATION
Child’s Name: ___________________________ Age: ____________

Parent’s Name: ___________________________

Address: ___________________________ City: ___________________

State: _______ Zip Code: ____________

E-Mail Address: ___________________________

Phone Number: ___________________________

C. EMERGENCY INFORMATION

Allergies/Medical Information: ___________________________

Insurance: ___________________________

There are inherent risks involved in swimming as in all physical activity. The University of New Mexico, the Recreational Services Department and the instructor assume no liability with regard to injuries that occur as a consequence of normal participation in class activities. I hereby waive, release and discharge any and all claims for death, personal injury, property damage or property loss.

Parent Signature: ___________________________ Date: ____________

D. FRONT OFFICE USE ONLY

Date: ____________ Amount Paid: ____ Form of Payment: _______ Initials: ____