SMOKEY ROW FAMILY SWIM CLUB, INC. 2014 SWIM LESSONS APPLICATION

SWIM STUDENT'S NAME:	
Parents' Names	Child's Age
ADDRESS:	HOME PHONE:
PARENT(S) WORK PHONE: (We will not sell or release your e-mail additional ad	E-MAIL ADDRESS: ress to anyone outside of Smokey Row Family Swim Club)
CHILD'S PHYSICIAN	PHONE
Any Medical Conditions of Concern? _	
HOW MANY YEARS HAS CHILD BEI	EN SWIMMING?
• HAS CHILD HAD SWIM LESSONS?_	HOW LONG?
10, 2014 (1st session) and July 8, 2014 (2nd session) - Prices for Semi-private swim lessons are \$80.00 (- Prices for Private swim lessons are \$120 (Member - Sessions run for 30 minutes two (2) times per week	ers) and \$136 (Non-Members).
I have or will receive a copy of the R Club, Inc. By signing below, I agree to abide regulations may develop as situations arise. T condition and I have disclosed all medical cond swim lessons. I hereby release and discharge Smokey and any employees or contractors of Smokey I	ules and Regulations of the Smokey Row Family Swin by the established rules. I understand that new rules and the child enrolled in swim lessons is is in good physicalitions which may affect his or her ability to participate in Row Family Swim Club, Inc., Midas Mike Indiana, LLC Row Family Swim Club, Inc. from any and all damages ith the use of the recreational facility operated by Smoker
DATE: SIGNA	ATURE:
*if you register by mail, your membership cards picked up at the check-in counter of the clubhou Mail to: Smokey Row Family Swim Club, 42	
FOR CLUB USE ONLY: Check #_ Amount: \$Membership Type: _	: Date received: