

Exeter Swim Team ~ Learn to Swim ~ Summer 2008
Registration Form

Email: learntoswim@exeterswim.org ~ Phone: 603-502-9440 ~ Web site: www.exeterswim.org

Child's Name _____ Parent/Guardian Name: _____
Child's Age: _____ Child's Date of Birth: _____
Mailing Address (Street/PO Box) _____
City, State & Zip: _____
Work Phone #: _____ Cell Phone #: _____
Home Phone #: _____
(Please circle the best # to contact you or leave a message)
Email Address (please print clearly): _____
Does your child have any medical conditions? _____

Class Levels (see website for class descriptions and times offered):

- Learn to Swim ~ Beginners (3 - 6) or (7 & older)
- Skill Development ~ (3 - 6) or (7 & older)
- Stroke Refinement ~ (6 & older)

Session & Time preferred (please fill in). ~ Each class session runs Monday through Thursday for one week.

Session 1	June 23 – June 26	Time & Class _____
Session 2	June 30 – July 3	Time & Class _____
Session 3	July 7 – July 10	Time & Class _____
Session 4	July 14 – July 17	Time & Class _____
Session 5	July 21 – July 24	Time & Class _____
Session 6	July 28 – July 31	Time & Class _____
Session 7	August 4 – August 7	Time & Class _____

Registration is \$65.00 for one session. \$60.00 for each additional session. No Limit to the number of sessions you may sign up for.

Checks payable to: **Exeter Swim Team**

Mail to: EST-Learn to Swim PO Box 766 Exeter, NH 03833

Parent/Guardian Release

Any swimmer who is accepted will, for himself/herself, his/her heirs, executors, and administrators waive and release any and all rights and claims for damages he/she may have against Exeter Swimming Association or its heirs, executors and administrators for any or all injuries suffered by him/her during training or any Exeter Swim Team function.

Signature of Parent

Date

Office Use Only: Amt. Paid \$ _____ Method of Payment _____ Date Received _____