



Swim Lesson Registration

Swimmer's Name: _____ Parent's Name: _____

Address: _____ City: _____ Zip _____

Phone: _____ Cell phone: _____ Email: _____

Swimmers Age _____ Birth Date ____/____/____ Gender F _____ M _____

Class Information

Start Date	Finish Date	Level	Day(s)	Time
_____	_____	_____	_____	_____

Payment Information

Cash (amt.) _____ or Check # _____ or Card (Visa) / (MasterCard) / (other)

Liability Release

In consideration of participant being allowed to participate in the registered MAC swim program, the undersigned hereby releases Madras Aquatic Center and their employees from any action, claim or demand for personal injury or property loss arising from or due to any act or omission of the Madras Aquatic Center, and its employees. I verify that all of the above information is true and correct. I have also read, understand and will comply with the policies and procedures set by the Madras Aquatic Center. I also authorize Madras Aquatic Center to use my child's photo, video or likeness in any future promotions including but not limited to television, print, flyers, website, etc.

(Parents Signature)

(Date)

Staff Signature _____ Staff (print) _____ Date _____

Class Information

Start Date	Finish Date	Level	Day(s)	Time
_____	_____	_____	_____	_____