Smilefish Swim School Swim Team Tune-up

Primary Family Contact	C	ell Phone ()	
Street Address	City	, CO_ZIP	
Which Summer Swim Team do or will your kids swim with?			
CruisersCastle PinesCrocs _	Stroh Ranch	Other	
1 st Child's Name	Nickname	Birthdate	
Swim team experience and/or skill level? Stroke & turn issues?			
2 nd Child's Name	Nickname	Birthdate	<u> </u>
Swim team experience and/or skill level?			
Stroke & turn issues?			
3 rd Child's Name	Nickname	Birthdate	//
Swim team experience and/or skill level?			
Stroke & turn issues?			
For this special tune-up class, it's going to be cash only. Neither credit card or checks will be accepted. There are "Swim Team tune-up class" envelopes at the pool for your cash payments. Payment is due no later than the 2 nd class on April 1 st or 2 nd . Your initials			
WAIVER / RELE	ASE OF LIABILIT	Ϋ́	
I,, the parent or guardian of the participants listed above agrees & understands that swimming is a hazardous activity that includes inherent risks including but not limited to paralyzing injury and death.			
I hereby agree to allow the participants listed above to pa hereby agree to indemnify and hold harmless Smilefish directors, agents and employees against any liability res while participating. I also agree to indemnify Smilefish Sw incurred arising from any claims, demands, actions or car	Swim School, Ham ulting from injury o vim School & the Ha	pden Inn-Castle Rock, th r death that may occur to	e management, any participant
Once classes have begun there will be no refunds or mal at the hotel or weather that impact classes, those situatio that requires a swimmer to withdraw, talk to Russ. Proof	ns will be adjusted.	If you have an extraordin	nary situation
I have read the terms and condition of this agreement and	d I agree to abide b	y these terms and conditi	ons.
Parent/Guardian Signature		Date	
Parent/Guardian name (please print)			