

Countryside Community Club Association Swim Lesson Registration Form

Name: _____

Phone: _____

Member Cost: \$25.00 per session

Check Payable to: CCCA

Classes are held Monday through Friday

Circle the class you would like to attend in each of the following sessions:

Session 1: Monday June 3 until Friday June 14

10:30 to 11:00 a.m.	Level I
11:15 to 11:45 a.m.	Level II
12:00 to 12:30 p.m.	Level III
1:00 to 1:30 p.m.	Level IV
1:45 to 2:15 p.m.	Level V

Session 2: Monday June 17 until Friday June 28

10:30 to 11:00 a.m.	Level I
11:15 to 11:45 a.m.	Level II
12:00 to 12:30 p.m.	Level III
1:00 to 1:30 p.m.	Level IV
1:45 to 2:15 p.m.	Level V
2:30 to 3:00 p.m.	Level VI

Session 3: Tuesday July 1 until Friday July 12

10:30 to 11:00 a.m.	Level I
11:15 to 11:45 a.m.	Level II
12:00 to 12:30 p.m.	Level III
1:00 to 1:30 p.m.	Level IV
1:45 to 2:15 p.m.	Level V
2:30 to 3:00 p.m.	Level VI

Session 4: Monday July 15 until Friday July 26

10:30 to 11:00 a.m.	Level I
11:15 to 11:45 a.m.	Level II
12:00 to 12:30 p.m.	Level III
1:00 to 1:30 p.m.	Level IV
1:45 to 2:15 p.m.	Level V
2:30 to 3:00 p.m.	Level VI

Refunds are given only if class is canceled

Amount of payment: _____

Check Number: _____

** Please complete the backside of this form.*

Countryside Community Club Association
9151 N. Bald Eagle Ave.
Tucson, AZ 85742
520-744-4614

(Please Print Childs Name)

Name: _____

Address: _____

Phone: _____ Date of Birth: _____

Emergency Contact: _____ Phone: _____

SWIMMING LESSON WAIVER AND RELEASE FORM

This waiver is not an application, but a waiver and release form. In consideration of the acceptance of my application to participate in the Countryside swim lessons, I recognize the risks associated with my participation in the lessons and I hereby assume all risks and/or hazards associated with participation in or connection with this or specified programs and specifically agree to indemnify and hold harmless the Countryside Community Club Association, an Arizona non-profit corporation; including, but not limited to, any members of the board of Directors, association members, employees, sponsors, or subcontractors whose facilities and/or services are being used for this program, from any and all injuries or damages arising from, or in any way contributed to, by my participation in this program.

As the parent, guardian, or legal custodian of the minor person, I hereby assent to the above waiver and release, and agree to all terms as stated above.

Date

Signature

Print name of parent, guardian or legal custodian and relationship to minor.