

## Instructions!

[www.neighborhoodswim.com](http://www.neighborhoodswim.com)

See schedule of all class times on website above.

Please print and fill out the Swim lesson registration form below and mail **with payment** (check or money order) to:

Barbara Carpenter  
536 Chatham Road  
Belton, TX 76513

Cost is \$80.00 per person per week for **Private** lessons.

Cost is \$40.00 per child per week for Mommy and Me **Group** lessons.

Upon receipt of registration form and payment I will give you a **call** to schedule swim lessons.

**All swim lessons are scheduled on a first come, first paid basis this year!**  
**Sorry, No Changes and No Refunds**

# Neighborhood Swim Lessons



**PLEASE PRINT!**

Child's name \_\_\_\_\_ Age: \_\_\_\_\_

Child's name \_\_\_\_\_ Age: \_\_\_\_\_

Child's name \_\_\_\_\_ Age: \_\_\_\_\_

Parent's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Emergency Phone \_\_\_\_\_ Name \_\_\_\_\_

Email: \_\_\_\_\_

Swim Date/time Preference(s): \_\_\_\_\_



## Wavier & Release from Liability

**The safety of each swimmer is our number one priority.**

In consideration for allowing myself or child(ren) to participate in Neighborhood Swim lessons, I agree on behalf of myself, child(ren), and my family to release Barbara Carpenter and **all** instructors from liability arising out of the participation of myself or child(ren) in this swim program. I agree to emergency treatment by a physician or hospital. Each participant's family medical insurance policy must cover **any** medical cost that may be incurred. I understand there are no refunds and no make-up lessons.

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**

### **FOR OFFICE USE ONLY**

**Method of Payment:** Cash \_\_\_\_\_ Check # \_\_\_\_\_ # of Children \_\_\_\_\_

**Amount Paid:** \_\_\_\_\_ **Date Paid:** \_\_\_\_\_

**Scheduled Swim Dates/times:** \_\_\_\_\_