



# LEGEND OAKS SWIM LESSONS

## Program Information

Class:                      Level 1                      Level 2                      Level 3                      Level 4  
(Parents-Circle Level-Best Estimate---Instructor to confirm)

Group Lessons:    50 minutes (3 Maximum)                      Private Lessons: 40 minutes

Session Dates: \_\_\_/\_\_\_ through \_\_\_/\_\_\_ Private Lessons: Preference of time/day: \_\_\_\_\_  
                          Month/Day                      Month/Day

Session Time Start: Monday-Friday: 10am    2:00pm    3:00pm    Other \_\_\_\_\_ (Circle One)

## Participant Information

Participants Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

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

Work Phone: \_\_\_\_\_

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

Payment Type : Check\_\_\_ Credit Card No. \_\_\_\_\_ Exp. \_\_\_\_\_

Member Account\_\_\_ (Select One)

## Emergency Contacts

Name-1: \_\_\_\_\_ Relation: \_\_\_\_\_

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

Name-2: \_\_\_\_\_ Relation: \_\_\_\_\_

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

**Legend Oaks Swim Lesson Agreement**

- I will help my child enjoy the youth sports experience by doing whatever I can, helping or reinforcing coaching guidance.
- No refunds will be issued after the start date of a program, session, or class.
- In the event of a rainout, Legend Oaks will do its best to reschedule the lesson within a two week window.

I acknowledge that I have read and understand the Legend Oaks Swim Lesson Agreement.

Parent / Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Release and Waiver of Legal Liability**

**Child's Name:** \_\_\_\_\_

I, \_\_\_\_\_ the parent or guardian of the above mentioned, hereby give approval for his/her participation in any any/all camps, sport and activities.

I understand that the Legend Oaks Golf Operations/Facilities assumes no responsibility for injuries or illnesses which the above referenced child may sustain as a result of physical condition or resulting from participation in any athletic activities, sports program, and the use of any equipment, exercise or other activities. I hereby release and discharge Legend Oaks Golf Operations/Facilities, its agents, assigns and/or employees from any and all claims for injury, illness, death, loss or damage which may result from the above referenced child(s) participation in these activities.

I further understand that the Legend Oaks Golf Operations/Facilities is not responsible for personal property lost or stolen while members and/or program participants are using Legend Oaks facilities or on the premises.

I give my permission to Legend Oaks Golf Operations/Facilities to use, without limitation or obligation, photographs, film footage, or tape recordings which may include me (or my dependent's) image or voice for purposes of promoting or interpreting Legend Oaks Golf & Tennis Club programs.

I also grant permission to Legend Oaks Golf Operations/Facilities to authorize and obtain medical care from any licensed physician, hospital or medical clinic, should the above referenced child become ill or injured while participating in activities if I am not available to grant authorization for emergency treatment. I realize I may be responsible for the resulting medical bills.

HAVING READ, UNDERSTOOD, AND AGREED WITH THESE TERMS, I HAVE EXECUTED THIS RELEASE, TO BE EFFECTIVE IMMEDIATELY.

\_\_\_\_\_  
Parent / Guardian

\_\_\_\_\_  
Date

Known Allergies or other concerns to be aware of: \_\_\_\_\_

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