

HopSwim Registration 2011

PARENT NAME :

ADDRESS:

PHONE #:

E-MAIL ADDRESS:

EMERGENCY CONTACT 1:

PHONE #:

EMERGENCY CONTACT 2:

PHONE #:

Session 1 : weekdays 6/13 - 6/17

Session 2 : weekdays 6/20 - 6/24

Session 3 : weekdays 6/27 - 7/1

Session 4 : weekdays 7/11 - 7/15

Session 5 : weekdays 7/25 - 7/29

Session 6 : weekdays 8/15 - 8/19

Session 7 : Tuesdays 5/10 - 6/14

Session 8 : Wednesdays 5/11 - 6/15

SWIMMER'S NAME: _____

AGE: _____

<u>SESSION 1: 6/13 - 6/17</u>		<u>SESSION 2: 6/20 - 6/24</u>		<u>SESSION 3: 6/27 - 7/1</u>		<u>SESSION 4: 7/11 - 7/15</u>	
<u>Time:</u>	<u>Level:</u>	<u>Time:</u>	<u>Level:</u>	<u>Time:</u>	<u>Level:</u>	<u>Time:</u>	<u>Level:</u>
9:00-9:30	Adv Beginners	9:00-9:30	Adv Beginners	9:00-9:30	Intermediates	9:00-9:30	Intermediates
9:30-10:00	Beginners	9:30-10:00	Beginners	9:30-10:00	Adv Beginners	9:30-10:00	Adv Beginners
10:00-10:30	Adv Beginners	10:00-10:30	Adv Beginners	10:00-10:30	Beginners	10:00-10:30	Beginners
10:30-11:00	Beginners	10:30-11:00	Beginners	10:30-11:00	Adv Beginners	10:30-11:00	Adv Beginners
11:00-11:30	Adv Beginners	11:00-11:30	Adv Beginners	11:00-11:30	Beginners	11:00-11:30	Beginners
11:30-12:00	Beginners	11:30-12:00	Beginners	11:30-12:00	Intermediates	11:30-12:00	Intermediates
				12:00-12:30	Adv Beginners		
				12:30-1:00	Beginners		
				1:00-1:30	Beginners		
				1:30-2:00	Beginners		
<u>SESSION 5: 7/25 - 7/29</u>		<u>SESSION 6: 8/15 - 8/19</u>		<u>SESSION 7: Tuesdays 5/10 - 6/14</u>		<u>SESSION 8: Wednesdays 5/11 - 6/15</u>	
<u>Time:</u>	<u>Level:</u>	<u>Time:</u>	<u>Level:</u>	<u>Time:</u>	<u>Class:</u>	<u>Time:</u>	<u>Class:</u>
9:00-9:30	Intermediates	9:00-9:30	Intermediates	5:00-6:00	Stroke Clinic	5:00-6:00	Stroke Clinic
9:30-10:00	Adv Beginners	9:30-10:00	Adv Beginners	6:00-7:00	Stroke Clinic	6:00-7:00	Stroke Clinic
10:00-10:30	Beginners	10:00-10:30	Beginners	7:00-8:00	Adult Stroke Clinic		
10:30-11:00	Adv Beginners	10:30-11:00	Adv Beginners				
11:00-11:30	Beginners	11:00-11:30	Beginners				
11:30-12:00	Intermediates	11:30-12:00	Intermediates				

Waiver

In consideration of the right to enter upon the property at 91 Front Street, Hopkinton, MA, including but not limited to the swimming pool located thereupon, I agree to release the owners of said property and their heirs from any liability that might be claimed as a result of any accident and/or damage sustained by me and/or my son and/or daughter prior to, during and following a swimming lesson. I understand that the owners and instructors will exercise reasonable care to provide for the safety of my son and/or daughter, and that they are not responsible either in law or in equity for my son and/or daughter in the event that I fail to pick-up my son/or daughter 30 minutes after the scheduled start of their swimming lesson. If I remain on the aforesaid property during my child's swimming lesson, I do so at my own risk and assume all responsibility for my own safety and that of any other person(s) who are accompanying me.

I acknowledged that I have read and understand this waiver and agree to abide by its terms.

Signature

Date