



# Youth Swim Lessons Registration Form

Today's Date \_\_\_\_\_ FRC Membership Number: \_\_\_\_\_

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Gender: M F

Parent/Guardian Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street City/Town State Zip

Day/Work Phone # \_\_\_\_\_ Evening/Home Phone # \_\_\_\_\_

E-Mail: \_\_\_\_\_

Does the participant have any medical conditions or take any medications that we need to be aware of to ensure maximum potential of the student? Please include conditions such as, but not limited to ADD, ADHD, autism, etc. If none, please state. \_\_\_\_\_

Please indicate what class you would like to register for:

Session I:

- Infant/Toddler Tuesday
- Level 1 & 2 Monday & Wednesday
- Level 1 & 2 Saturday
- Level 3 Tuesday & Thursday
- Level 3 & 4 Saturday
- Level 4 Tuesday & Thursday
- Level 5 & 6 Tuesday & Thursday

Session II:

- Level 1 & 2 Tuesday & Thursday
- Level 3 Monday & Wednesday
- Level 4 Monday & Wednesday
- Level 5 & 6 Monday & Wednesday

Cost:  
Infant/Toddles, Levels 1 & 2:  
 FRC Members: \$ 25 Non-members: \$30  
Levels 3, 4, 5, & 6:  
 FRC Members: \$35 Non-members: \$40

Assumption of Risk and Release:

I want my child/ I want to participant in the Swim Lesson Program at the University of Maine at Farmington Fitness and Recreation Center. I understand that there are risks, as well as benefits, associated with participation in the class. I understand that the risks include personal injury, disability and even death. I, on behalf of myself, my child, and those acting on my or my child's behalf, voluntarily assume all risks involved in participating the class. Furthermore, in confidence of the benefits, I, on behalf of myself, my child and those acting in my or my child's behalf, irrevocably and unconditionally release and hold harmless The Fitness and Recreation Center and those acting in its behalf from any and all liability, lawsuits, claims, and actions arising from or connected with participation in the class.

**I have read this release and I understand its content.**

\_\_\_\_\_  
Signature of Participant (if under 18, Parent or Guardian)

\_\_\_\_\_  
Date

**For Front Desk Use Only**

Write participants name on appropriate class roster sheet.

Staff Initials: \_\_\_\_\_

Amount Due: \_\_\_\_\_

Date: \_\_\_\_\_

Amount Paid: \_\_\_\_\_ Payment Type: \_\_\_\_\_

Time: \_\_\_\_\_

Balance Due: \_\_\_\_\_