

MIMOSA SWIM & RACQUET CLUB

2023 Swim Lessons Registration

Renter Information

Parent's Name _____ Cell Phone _____
Address _____ Home Phone _____
Member Yes or No _____
Swimmer Name _____ Swimmer Age _____
Swimmer Experience Circle Beginner / Intermediate / Swim Team

Weekday Schedule

5 Classes for a designated week Monday - Thursday

MEMBER \$100 for 5 classes M-Fri NON-MEMBER \$125 for 5 classes M-Fri

Classes for the week starting: (Please Circle / Highlight / Remove other dates)

May 29th June 5th June 12th June 19th June 26th

July 3rd July 10th July 17th July 31st

Time Requested: (Please Circle): 8am 9am

Weekend Schedule

MEMBER \$100 for 4 Saturday Classes NON-MEMBER \$125 for 4 Saturday Classes

Classes for the week starting: (Please Circle / Highlight / Remove other dates)

May 27th June 3rd June 10th June 17th June 24th

July 1st July 8th July 15th July 22nd July 29th

August 5th August 12th August 19th August 26th

Time Requested: (Please Circle) 8am 9am

Payment

All Fees are non-refundable. Please enclose a check or cash. Return to Mimosa Swim and Racquet Club at 502 River Oaks Dr. Luling, LA 70070

INITIALS _____

Waiver

I, the Guardian/member _____
certify that by registering a Participant _____
for this Program, that I am aware of all of the inherent risks associated with participation in any exercise program. I, and the Participant, understand that participation in the program is entirely our choice and it is with this understanding of risk of accidental injury involved in any activity, that I have given my full consent for the Participation to take part in these sports activities.

I certify that I have contacted the Participant physician about his/her participation in the program and that the physician has examined the Participant and has endorsed the Participant's participation in the program. With this release form I also certify that any medical expenses, should an injury occur, are covered by my insurance policy or will otherwise be borne by me personally. I also authorize any licensed hospital, or licensed health care practitioner to perform an examination or render any emergency treatment, which may be necessary in the event the Participant is injured during his/her participation if I am not present to direct the course of his/her treatment.

In consideration of the Participant being allowed to participate in the program, I hereby, for the Participant, personally, assume all risk in connection with the program, and I further release the Mimosa Swim and Racquet Club, its successors, employees and agents, from any and all liability for any injury or damage which may occur as a result of the Participant's participation in the program, including all risks connected therewith, whether foreseen or unforeseen; and, further, to save and hold Mimosa Swim and Racquet Club, its officers, employees, directors, and agents, from any claim by me individually or on behalf of his/her, family, estate, heirs, or assigns, arising out of his enrollment and participation in the program.

I have fully informed myself of the contents of this release agreement by reading it before initializing it. I agree that no oral representations, statements, or inducements apart from the foregoing written release agreement, have been made. I agree that the foregoing release agreement and waiver are intended to be as broad and inclusive as permitted by the laws of the State of Louisiana, and that if any portion thereof is held invalid, it is agreed the balance shall, notwithstanding, continue in full force and effect.

Guardian Signature _____ **Date** _____