

MIMOSA SWIM & RACQUET CLUB

SWIMMERS INFORMATION

Parent's Name _____

Cell Phone _____

Address _____

Home Phone _____

Swimmer Name _____

Member (Y/N) _____

Swimmer Age _____

Swimmer Experience:

(Circle) Beginner / Intermediate / Advanced

Swimmer Experience Levels:

- Beginner: Fearful of water, not yet able to hold breath, submerge face, float, and kick feet
- Intermediate: Comfortable in the water, holds breath/blows bubbles, kicks feet but unable to float on own
- Advanced: Can swim freestyle width of pool on own; needs to work on form, breathing, and/or other swim strokes

WEEKDAY SCHEDULE

10 Classes for a designated 2-week period (Monday - Friday): BEGINNER & INTERMEDIATE CLASSES ONLY

Classes for the week starting: (Please indicate preference of 3 date options)

May 25th _____ Jun 8th _____ Jun 22nd _____ Jul 6th _____ Jul 20th _____

Time Requested:

8am _____ 9am _____ Either _____

WEEKEND SCHEDULE

Please indicate **preference of 3** Saturday group options: ADVANCED CLASSES ONLY

Saturday Class **1A** (8am) - May 9, May 16, May 23, and May 30

Saturday Class **1B** (9am) - May 9, May 16, May 23, and May 30

Saturday Class **2A** (8am) - June 6, June 13, June 20, and June 27

Saturday Class **2B** (9am) - June 6, June 13, June 20, and June 27

Saturday Class **3A** (8am) - July 11, July 18, July 25, and Aug 1

Saturday Class **3B** (9am)- July 11, July 18, July 25, and Aug 1

Class Preference 1 _____ Class Preference 2 _____ Class Preference 3 _____

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

Amount Paid: _____ Check # _____ Cash

WAIVER

I, the Guardian/member _____ certify that by registering _____ 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: _____