

Enrollment Date (office):

Bayshore Clubhouse Swimming Lessons 2012

SESSIONS (check)

- Jan 10, 12, 17, 19, 24, 26
- Feb 7, 9, 14, 16, 21, 23
- March 6, 8, 13, 15, 20, 22

Name of Child: _____ Birthdate: _____ Age: _____

Mother/Co-Parent/Guardian (circle one)		Father/Co-Parent/Guardian (circle one)	
Mailing Address		Mailing Address	
City/State/Zip		City/State/Zip	
Home Phone	Cell/beeper	Home Phone	Cell/Beeper
Email (very important)			

The undersigned agrees to indemnify, defend, save, and hold harmless the Bayshore Owners Association from any claim, lawsuit, or liability, including attorney fees and costs, allegedly arising out of loss, damage or injury to myself or child in connection with Association activities.

X Signature of Parent or Legal Guardian _____ Date _____

_____ Level 1a	Tue & Thu 4:00pm to 4:30pm	_____	\$48 Bayshore members per session
_____ Level 1b	Tue & Thu 4:30pm to 5:00pm	_____	\$60 Non-members per session
_____ Level 2	Tue & Thu 5:00pm to 5:30pm	_____	Total Paid ___Cash ___Check ___CC

CONSENT FOR MEDICAL OR SURGICAL CARE

This authorizes Bayshore Owners Association to give permission to appropriate medical or hospital personnel to provide emergency medical or surgical care for the child hereinabove listed in the event I cannot be contacted immediately. I understand that every effort will be made to locate me or my child's other parent or legal guardian as soon as possible. I understand my obligation to keep my child care provider informed of my whereabouts. I will assume the cost of necessary medical or surgical care. This authorization will not expire as long as my child is in swim lessons at Bayshore Owners Assoc.

Witness

Signature of Parent or Legal Guardian

Date signed

Date signed