

**Montclair Swim Club**  
**SWIM LESSON REGISTRATION FORM**  
**\*\*\*Only private lessons will be offered**  
**until further notice\*\*\***

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

# of Private Lessons: \_\_\_\_\_

Preferred Instructor: \_\_\_\_\_

**Please turn form and payment into pool manager on duty to receive your lesson cards. Instructor will call you to schedule.**

Parents name(s): \_\_\_\_\_

Cell Phone(s): \_\_\_\_\_

**Members: Privates: \$20 per 1/2 hour or buy 4 get 1 free!!**

**Non-Members: Privates: \$25 per 1/2 hour or buy 4 get 1 free!!**

Family Contact Info: \_\_\_\_\_

Street Address

Home Phone

City,

State

Zip Code

Email

Emergency Contact Name

Phone Number

**Medical Waiver & Release**

Does your child have any history of cardiac problems, asthma, epilepsy, or allergies? If your child has any major health problems, he or she will be required to have physician's permission to participate in any Montclair Swim Club swim programs. If your child is presently taking medication, please list.

I give my permission to Montclair Swim Club staff to administer immediate emergency care to my/our child (children) should he/she be injured while on Montclair Swim Club swim pool premises.

For and in consideration of my child or children's participation in the swimmer program, I/we the undersigned parent(s) or legal guardians of the children listed above, hereby waive, release and hold harmless Montclair Pool Association, its employees, agents or assigns of and from any and all liability arising from my/our child's participation in the swimming program.

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

\_\_\_\_\_  
Signature of Parent or Guardian