

OBERON POOL SWIM LESSON REGISTRATION – 2008

RESIDENT/CORPORATE \$30 / 2 WEEK SESSION SIGN-UP BEGINS FRIDAY, JUNE 1ST
 NON-RESIDENT \$35 / 2 WEEK SESSION SIGN-UP BEGINS MONDAY, JULY 2ND

ONE FORM
PER CHILD

CHILD'S NAME _____ AGE _____ DOB: _____

ADDRESS _____ CITY/ZIP _____

MOTHER'S NAME _____ PHONE (H) _____ (W) _____

FATHER'S NAME _____ PHONE (H) _____ (W) _____

LOCAL EMERGENCY CONTACT (OTHER THAN PARENT) _____

ADDRESS _____

PHONE (H) _____ (W) _____ RELATIONSHIP TO CHILD _____

PHYSICIAN _____ PHONE _____

List any medical conditions, physical limitations/restrictions, allergies, medications taken: _____

CLASS TIMES & LEVELS OFFERED:

9:30AM	10:00AM	10:30AM	11:00AM	11:30AM	NOON
IPAP	Level I	IPAP	Level I	Level I	Level I
Level I	Level II	Level I	Level I	Level II	Level II
Level II	Level III	Level III	Level II	Level III	Level II
Level III	Level IV	Level IV	Level III	Level IV	Level III
*Guard Start	Level VI	Level V	Level V	*Guard Start	Level VI

***GUARD START FEE - \$50 resident / 2 week session \$56 non-resident / 2 week session**

Consists of 30min book time & 30min in-water instruction. Must have *at least* 3 people registered in order to hold class.

PLEASE INDICATE YOUR CHOICES IN THIS SECTION USING THE TIMES & LEVELS OFFERED:

<p>SESSION III: JULY 21 – AUGUST 1 (Mon – Fri)</p> <p>1st Choice: Time: _____ Level: _____ Must be received by deadline: 2nd Choice: Time: _____ Level: _____ Wednesday July 18th 5pm 3rd Choice: Time: _____ Level: _____</p>	<p>RCA USE ONLY</p> <p>Enrolled: Yes No Enrolled: Yes No Enrolled: Yes No</p>
<p>SESSION IV: AUGUST 4 – AUGUST 15 (Mon – Fri)</p> <p>1st Choice: Time: _____ Level: _____ Must be received by deadline: 2nd Choice: Time: _____ Level: _____ Wednesday August 1st 5pm 3rd Choice: Time: _____ Level: _____</p>	<p>RCA USE ONLY</p> <p>Enrolled: Yes No Enrolled: Yes No Enrolled: Yes No</p>

Waiver Agreement: I hereby give my consent for the above named applicant to participate in the Red Cross Swim Lessons offered at Radisson's Oberon Pool. I further release and agree to hold harmless the Radisson Community Association, Inc. ("RCA"), its employees, agents, representatives and any volunteers from any and all injury, claims, and liabilities whatsoever that might be incurred as a result of participation in said program. I further grant the RCA, its employees, agents, representatives and any volunteers or emergency medical personnel permission to provide my child/participant with emergency or medical treatment should that become necessary. I have read this document carefully, understand its terms, and voluntarily sign it understanding its significance.

RETURNED CHECK FEE \$30

REFUNDS: No refunds issued after second day of class unless authorized by RCA's Executive Director.
PLACEMENT: Once classes begin, RCA pool staff reserves the right to reassign participant by skill and ability level.

Parent/Guardian Signature: _____ Date: _____

RCA USE ONLY:

Check # _____ Cash Rcpt # _____ Amt Paid _____ Date Rec'd _____

FORMS WILL NOT BE ACCEPTED PRIOR TO OFFICIAL SIGN-UP DATES OR AFTER DEADLINE DATES. INCOMPLETE FORMS WILL NOT BE PROCESSED.