

**PRIVATE LESSONS FOR SWIM TEAM MEMBERS**  
**REGISTRATION FORM AND WAIVER**

Team member private lessons are structured in 30 minute time frames giving the swimmer individualized swimming instruction with a qualified team coach. Private lessons are offered at CB South High School on Sundays. All balances MUST be paid in full at the time of your lesson. NO REFUNDS WILL BE GIVEN. Cost: One 30 minute private lesson is \$50. and only one child is allowed per 30 minute lesson. Please bring this form and the fee with you to your lesson.

Blackout dates are: November 29, December 26, January 3, April 11.

All Private Swim Lessons are on Sunday from 10:00AM to 2:00PM in half hour segments. You are responsible to contact your coach to arrange your lesson time and date and/or reschedule or cancel a lesson. **Cancellations made 48 hours in advance will not be charged. Cancellations made within 48 hours will be charged the full fee.**

Swimmer's name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Age \_\_\_\_\_ Sex \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Email Address \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone #: (Day) \_\_\_\_\_ (Night) \_\_\_\_\_ Cell \_\_\_\_\_

Total Amount Due: \$50 Check # \_\_\_\_\_

Lesson Date \_\_\_\_\_

**PARENT CONSENT CERTIFICATE and PERMISSION AND RELEASE WAIVERS**

To be eligible for participation in swim lessons this waiver must be on file with the Community School and this certificate of consent signed by a parent or guardian." I give my consent for the above named child to take part in any community school sports camps and activities."

**PARENT'S OR GUARDIAN'S** The Central Bucks School District has no responsibility to provide first aid at any of the community school athletics and the parents or guardian understands that the risk of injury is assumed by the student and parent when they sign this form. However, in the event physicians, physical therapists, physician's assistants, nurses, or other persons trained in the rendering of first aid are available, as volunteers or otherwise, and render aid to any student injured during the course of any such activities or travel, the parents do hereby release and forever discharge such persons and the Central Bucks School District from any liability arising out of any first aid or immediate treatment of injuries.

**STATEMENT REGARDING ACCIDENT INSURANCE WAIVER**

We/I the undersigned are completely aware that the Central Bucks School District, Central Bucks Community School **DO NOT** provide accident insurance for ANY child or adult participating in the aquatics programs offered by Central Bucks Community School and assumes **NO LIABILITY** for injuries sustained from participation. We/I, the undersigned, further acknowledge and agree that neither the School District, the Community School, will assume any liability for any injuries sustained by participation in the program. We herein release the School District, the Community School, its agents, representatives, employees and the like from any and all liability related to the participation in the programs offered by the School District and Community School.

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

Relationship to child \_\_\_\_\_

Rev 2009