



# Registration Form



## Sword Fish Group (Grades 6 – 9)

Fee \$ 140

Name of Swimmer: \_\_\_\_\_

Age & Date of Birth: \_\_\_\_\_

Grade: \_\_\_\_\_ Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

This group will focus on developing proper stroke technique, body position, kicking, and building up their fitness levels by increasing the number of laps and yardage. Swimmer must be able to swim 25 yards without stopping.

Practice Days: Mondays and Wednesdays

Practice Time: 3:30 to 4:30

Location: SLV High School Pool 7105 Hwy 9, Felton CA

Name of Parent/Guardian \_\_\_\_\_

Parent Address: \_\_\_\_\_

Phone: \_\_\_\_\_, 2<sup>nd</sup> Phone: \_\_\_\_\_

I \_\_\_\_\_ do hereby give my permission to allow my, above mentioned child to take part in swimming program offered by Cougar Swim School at the San Lorenzo Valley High School pool with the consent of the San Lorenzo Valley Unified School District. Cougar Swim School is neither approved, conducted, nor supervised by the District and Kurt Edwards; (Contractor) is solely responsible for the Cougar Swim School program. I acknowledge that even with careful supervision swimming, diving and water polo are dangerous activities that may result in serious spinal injury, broken bones, and death. I agree to release, indemnify, hold harmless Kurt Edwards, his employees, agents, volunteers and waive all claims, liability, (Including attorney's fee) for property damage, bodily injury and death arising from my/child's negligence or willful misconduct relating to my or my child's participation in the programs offered by Cougar Swim School.

Signed: \_\_\_\_\_, Print: \_\_\_\_\_, Date: \_\_\_\_\_

Email: \_\_\_\_\_