

Learn-to-Swim Registration Form Private Lessons



Parent/Guardian Name

Primary Phone

Street Address

Cell Phone

City, State Zip

E-mail

Participant Name	Lesson Package (4 or 8): Private OR Semi-Private	Availability	Price
Age(s):			Total:
Special Needs/Special Instructions:			

Method of Payment
Check # Credit Card
Credit Card: Visa Mastercard
Student Faculty Alumni Burns Rec. Member Non-LMU

Credit Card No.:
Ex. Date:
Signature:
Confirmation: You will receive a confirmation form once your registration is processed. Please bring it with you to your first lesson.

PARTICIPANT WAIVER: IT IS STRONGLY RECOMMENDED THAT ALL PARTICIPANTS HAVE A COMPLETE MEDICAL EXAMINATION PRIOR TO PARTICIPATION IN ANY PHYSICAL ACTIVITY. PLEASE NOTIFY THE INSTRUCTOR OF ANY MEDICAL PROBLEMS OR CONCERNS.

UNDERSTANDING OF PARTICIPATION: (Please read before signing)

I, the undersigned, realizing that there is risk inherent in any recreational activity, and in consideration of my child being allowed to participate in this event, personally assume all risk in connection with said event. I further agree to release and hold Loyola Marymount University, their Board of Trustees, their officers, agents and employees harmless from any and all claims and liabilities of any type whatsoever, and for damages or loss or destruction of any property, or injury, sickness or death which may now or hereafter arise. I understand that it is my responsibility to obtain health insurance and not the responsibility of Loyola Marymount University. I further state that I am of lawful age and legally competent to sign the release; that I understand the terms herein are contractual and not mere recital; and I have signed this document of my own free will.

Signature : _____

Date: _____