



Group & Private Swim Lesson Registration Form

Child's Name _____ Age _____

Parents' Names _____

Phone _____ Email: _____

P.O. Box _____ Street Address _____

City _____ State _____ Zip _____

Others authorized to pick-up my child from Swim Lessons:










Name _____ Relationship _____ CDL# _____

Parent's Signature authorizing pick-up by others _____

Register my child for the following Swim Lesson **Session**:

- Session One: (Mon-Thurs) June 21-24 and June 28-July 1
- Session Two: (Mon-Thurs) July 5-8 and July 12-15
- Session Three: (Mon-Thurs) July 19-22 and July 26-29
- Session Four: (Mon-Thurs) Aug 2-5 and Aug 9-12

Register my child for the following Swim Lesson **Level** and **Time** (list of levels enclosed)

- | | | | | | |
|---|-----------------|-----------------|--------------------------|---------------|--------------------------|
|  | Mommy & Me: | 9:15-10:00am | <input type="checkbox"/> | | |
|  | Tiny Tot: | 9:15-10:00am | <input type="checkbox"/> | | |
|  | Super Tot: | 9:15-10:00am | <input type="checkbox"/> | 10:45-11:30am | <input type="checkbox"/> |
|  | Jellyfish - L1: | 10:00-10:45am | <input type="checkbox"/> | 10:45-11:30am | <input type="checkbox"/> |
|  | Seahorse - L2: | 10:00-10:45am | <input type="checkbox"/> | 10:45-11:30am | <input type="checkbox"/> |
|  | Goldfish - L3: | 10:00-10:45am | <input type="checkbox"/> | | |
|  | Swordfish - L4: | 11:30am-12:15pm | <input type="checkbox"/> | | |
|  | Dolphin - L5: | 11:30am-12:15pm | <input type="checkbox"/> | | |
|  | Shark - L6: | 11:30am-12:15pm | <input type="checkbox"/> | | |

Swim Lesson Fee: \$82.00 per session x _____ (# of sessions) = \$ _____

-----OR-----

Register my child for Private Lessons from 8:30-9:15am. The dates I prefer are listed below.

Dates: _____

Private Lesson Fee: \$35.00 per 45-minute lesson x _____ (# of lessons) = \$ _____

To insure your child's participation return this form (front and back) and payment to:
 Thousand Pines Swim Lessons * Attn. Brenda * P.O. Box 3288 * Crestline, CA 92325
 You will be receiving a phone call or email to discuss and/or confirm your reservation as of April 15th.

(OVER FOR MANDATORY HEALTH & CONSENT FORM)

PLEASE FILL OUT THIS FORM COMPLETELY AND SIGN AND DAE IT AT THE BOTTOM.

Swimmer's Name _____ Date of Birth _____

Authorization and consent to minor pursuant to Calif. Family Civil Code Section 69:10

The undersigned do hereby authorize the Directors of Thousand Pines Camp, as agents for the undersigned, to consent to any x-ray examination, anesthetic, medical, dental or surgical diagnosis or treatment and hospital care for the above minor which is deemed advisable by and to be rendered under the general or special supervision of any physician and surgeon licensed under the provision of the *Medicine Practice Act* or any dentist licensed under the *Dental Practice Act*, at a hospital or elsewhere. The above-mentioned agent is authorized to make decisions concerning the health and general welfare of this minor. This authorization will remain effective while the above minor is in the care of the above agents for an indefinite period unless otherwise revoked in writing by the undersigned and delivered to the Directors of Thousand Pines Camp. First aid and non-prescription medications will be administered to the above-mentioned minor at the direction of the Directors of Thousand Pines or their Health Care representatives with the following exceptions:

[] None [] Below Listed:

Health History Please indicate by giving approximate date:

ALLERGIES	DISEASES	CONCERNS
Hay Fever _____	Chicken Pox _____	Ear Infections _____
Poison Ivy _____	Measles _____	Mononucleosis _____
Insect Stings _____	German Measles _____	Heart Defect _____
Medications _____	Mumps _____	Convulsions _____
Asthma _____		Diabetes _____

Explanation of above: _____

Operations or serious injuries (dates): _____

Disability or chronic or recurring illness: _____

Dietary modifications: _____

Camper's Doctor: _____ Phone: _____

Camper's Dentist: _____ Phone: _____

Insurance Name: _____ Policy #: _____

Immunization History:

VACCINES	CURRENT? (circle one)
DPT	Yes/No
Tetanus - TD	Yes/No
Polio	Yes/No
MMR	Yes/No

Other information leaders should be aware of: _____

Physical Activity Release

Swim activities include, but are not limited to, swimming lessons, exercise, and practice in and out of the swimming pool. There are risks of physical injury or harm from participating in swimming lessons. I voluntarily elect to participate in the activities and assume the risks of injury or harm that could result from participation. On my own behalf and that of my personal representatives and heirs, I hereby release Thousand Pines its officers, employees, and agents from all liability for any injury or harm to me (or my minor) from participating in said activities. Whether the injury or harm is caused by the negligence of Thousand Pines or otherwise. I have read and understood this release of liability. I further release the use of my likeness, voice, and words in video, film, and print for non-commercial use by Thousand Pines Christian Camp & Conference Center.

Date

Parent or Guardian's Signature