



CITY OF LOS ALAMITOS AQUATICS

Spring 2010 Learn-to-Swim Lessons



Please read, complete and sign the form below. **ONE FORM PER PARTICIPANT, PER CLASS.**

| | | | | | |
|---------------------|-------------|-------------|----------------|-------------|------------|
| SESSION: | 1 | 1 | 2 | 2 | Saturday |
| (Circle one) | Mon/Wed | Tues/Thurs | Mon/Wed | Tues/Thurs | (4/10-6/5) |
| | (4/12-5/10) | (4/13-5/11) | (5/17-6/16) | (5/18-6/15) | |
| | | | *No Class 5/31 | | |

CLASS & TIME (Circle One):

Mon/Wed & Tues/Thurs Lesson Schedule:

| | | |
|-----------|-------------|-----------|
| 3:00pm | 3:30pm | 4:00pm |
| Tiny Tots | Parent & Me | Level 3 |
| Level 1 | Tiny Tots | Level 4 |
| Level 2 | Level 3 | Level 5/6 |

Saturday Lesson Schedule:

| | | | |
|-----------|-------------|---------|-----------|
| 9:00am | 9:30am | 10:00am | 10:30am |
| Level 4 | Parent & Me | Level 1 | Adult |
| Level 5/6 | Tiny Tots | Level 2 | Tiny Tots |
| | Level 1 | Level 3 | Level 3 |

| | | |
|---------------------------------|------------|-----------------------------|
| FEES: (Circle one price) | Levels 1-6 | Parent & Me/Tiny Tots/Adult |
| LAUSD Residents | \$47 | \$53 |
| Non-LAUSD Residents | \$50 | \$56 |

PARTICIPANT'S NAME: _____ **AGE:** _____

ADDRESS: _____ **CITY:** _____

ZIP CODE: _____ **PHONE NUMBER:** _____

E-MAIL: _____

I hereby grant permission for myself/my child to participate in the City of Los Alamitos Recreation and Community Services Department's Aquatics Program. I agree to indemnify and hold harmless the City of Los Alamitos, Military Department of the State of California, and United States Water Polo, its officers, agents, and employees from any liability, claim or action arising out of such participation. I will additionally permit the use of my child's name and pictures in newspapers or brochures related to this program. I further certify that said person/child is in good health and has no physical or other impediment which would endanger him/her from participating in such an activity. I hereby consent to any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered to my child by a physician or hospital selected by staff for any injury or incident arising out of or connected with the Aquatics Program.

Aquatics Refund & Make-Up Policies

Due to the popularity of aquatics classes, refund requests will only be granted prior to the second regularly scheduled lesson. A \$6 administrative charge will be assessed for each requested refund. No make-up classes are permitted unless the City of Los Alamitos Aquatics Staff cancels due to pool closure.

I certify that I have read and agree to the release above.

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

EMERGENCY CONTACT INFORMATION

PRINTED NAME(S): _____

WORK PHONE: _____ **CELL PHONE:** _____

OFFICE USE ONLY

Cash: _____ Check #: _____ Credit: VISA or M/C Staff Initials: _____

Credit Card #: _____ - _____ - _____ - _____ Exp Date: ____ / ____

