

WILLOW BANK YACHT CLUB

2017 SWIMMING LESSONS

REGISTRATION

Child's name: _____ Birth date: _____
 Address: _____ Age: _____
 City, ST ZIP: _____ Siblings taking swimming this year? _____
 Home phone: _____ Work or mobile: _____
 Parent/Guardian: _____ Email: _____

WBYC Member: YES NO (Non-members are welcome to enjoy the club during lesson times.)

Swimming Level: _____
 Lesson times will be determined by swimming level. You will be notified of your child's time as soon as lessons are scheduled.

	Session	Start Date	End Date	Member Fee	Non-Member Fee	Session Total
<input type="checkbox"/>	1*	Jun 26	Jul 07	\$70	\$80	_____
<input type="checkbox"/>	2	Jul 10	Jul 21	\$70	\$80	_____
<input type="checkbox"/>	3	Jul 24	Aug 04	\$70	\$80	_____
<input type="checkbox"/>	4	Aug 07	Aug 18	\$70	\$80	_____
					Grand Total	_____

**Note: No classes July 4 during Session #1*

Paid with registration: _____
 Bill to WBYC account #: _____

Register **in person**: WBYC, May 29, 11am – 2pm & June 18, 11am – 1pm
 Register **by mail**: WBYC, PO Box 321, Cazenovia, NY 13035
 Register **by email**: swimming@willowbankyc.com Register **online**: Willowbankyc.com
 For more information, contact swimming@willowbankyc.com

WILLOW BANK YACHT CLUB
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RELEASE FORM

The undersigned is the parent or legal guardian of

Child's Name

Date of Birth

Age

I hereby authorize my child to participate in the Willow Bank Yacht Club Swimming Lessons Program. In consideration of Willow Bank Yacht Club's providing swimming instructions to my child, I hereby release, acquit, and discharge the Willow Bank Yacht Club, its successors and assigns, its employees, agents, members, volunteers, officers and directors from all claims, demands, actions, causes of action, damages, injuries and cost of any nature or kind, whether property, personal injury or bodily injury, or any other type of injury or damage that may arise from my child's participation in the sailing program and use of the facilities of the Club and its equipment. This release is on my behalf as the parent or legal guardian and on behalf of my child and any person claiming through my child.

I understand the risks inherent in the sport of swimming, in water sports in general, and in any activity involving children. I attest that my participating child is free and unencumbered by any physical or mental impairment and is free of any contagious or infectious disease that might interfere with his or her health or safety during this program.

I give authorization to the Willow Bank Yacht Club to provide or seek treatment for my child in the event of any accident or injury if I cannot be reached.

I have read and attest that the above is true and correct.

Parent or guardian (please print)

Signature

Date

Home phone

Other daytime phone

Emergency contact 1: Name: _____ Telephone: _____

Emergency contact 2: Name: _____ Telephone: _____

List allergies: _____

List current medications: _____

List current medical conditions: _____

Name and number of primary physician: _____