

REGISTRATION FORM

Parent Name	Phone number	
Address	City	Zip Code:
E-Mail Address: <small>THIS IS MY BEST FORM OF COMMUNICATION WITH YOU</small>		

STUDENT'S NAME	M/FE	AGE	Class Code 1 ST Choice	Class Code 2 nd Choice

The CLASS CODE is found on the *SWIM LESSON SCHEDULE* – see <http://wk77.net/swim/>
Putting two choices helps me place your child into a class. Make sure each choice works.
FEE: Each class is \$55. Fee is paid during registration. Refunds available with enough notice.
 Make check to: Karen Campbell or Venmo: @Karen-Campbell-112

SUBMITTING REGISTRATION FORM OPTIONS:

1. Email your completed form to: karen.wk77@gmail.com OR DO 2nd option.
2. Print, put it in a drop box on my porch or mail: 575 Spring Creek Rd. Providence, Ut. 84332

Message to Karen:

WAIVER & AUTHORIZATION FOR MEDICAL ATTENTION

By my signature below, I declare that I understand that Wayne, Karen Campbell & family, and all other instructors do not carry insurance that would protect my child in the event of an accidental injury while participating in or observing any program offered by them. Such insurance coverage is my sole responsibility. I recognize that participation is voluntary and there are inherent risks, which I assume. I hereby release all swimming staff and employees from liabilities, claims, demands, costs, etc. I authorize employees to render first aid & notify emergency help in case of accident or injury to my child.

Signature of Parent or Guardian

Date