

## Family Registration Form

Canyon Swim School:  
21 Campbell Lane El Sobrante 94803  
(510) 223-4600  
[www.canyonswimschool.com](http://www.canyonswimschool.com)

**Make a Copy for Your Records before you mail this form.**

email us: [swimlessons@canyonswimschool.com](mailto:swimlessons@canyonswimschool.com)

Parent/Guardian Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Primary Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_

Work (optional) \_\_\_\_\_ Email Address \_\_\_\_\_

### General Information

Student's Full Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth (mo/day/yr) \_\_\_\_\_ If previous student, last badge \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

### Session Registration

Student's Full Name	*Desired Class Level	*Session #	*Preferred Time Choice
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

**Please indicate/explain any health problems: Yes \_\_\_ No \_\_\_**

**Explain:** \_\_\_\_\_

### Method of Payment:

- For your protection, please do not include your credit card information with this application.
- We will contact you at a later date to confirm your method of payment.
- Classes will be assigned when payment is received.

### Waiver / Release:

In consideration of being allowed to participate in the activity of swimming and diving, I agree to release Canyon Swim School, any owner, partner, and/or employee from negligence to the fullest extent permitted by law, for any complications or injury that may result to my child(ren), to me or my family while at Canyon Swim School. I understand swimming and diving activities can be dangerous, and that a full range of known and unknown possible injuries can occur. This includes but is not limited to permanent disability and death. I have also communicated in writing to Canyon Swim School any medical or traumatic experiences my child(ren) and covenant to communicate in writing prior to my child(ren) participation in any swimming and diving in the event of any change to the medical or traumatic experiences. I have read the forgoing along with the payment/make-up/cancellation/swim diaper policy and understand its content. I consent to the use for advertising purposes of any and all photographs and/or videos taken of my child(ren) at Canyon Swim School, waiving any and all right to compensation for their use in Canyon Swim School's advertising. This Waiver/Release shall be effective for so long as my child(ren) participate in the activity of swimming and diving at Canyon Swim School until expressly revoked in writing by me.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_