2640 West Point Road, Green Bay, WI 54304
Telephone: (920) 490-3730
Fax: (920) 490-3899

YOUTH SWIM LESSON REGISTRATION FORM

(Please Print)

Student's Name: _____

Parent/Legal Guardian: _____

Date of Birth: _____ Age Today: _____

Address: _____
Street City State Zip

Phone (Home/Cell): _____ Email: _____

Phone (work): _____

Emergency Contact Name & Phone: _____

Medical Concerns/Problems:
_____
_____

Please circle class level: Parent/Tot, Preschool: Level I Level II Level III,

Youth: Level I Level II Level III Level IV Level V

Please circle class day: Mon. Tue. Wed. Thu. Fri

Class Time:_____ Class Dates: From _____ To_____.

- Registration form must be returned with payment;
- Registration is on a first come, first serve basis;
- Classes with non-sufficient enrollment are subject to cancellation; and
- No refund or transfer.

PLEASE SEE BACK OF SHEET FOR WAIVER/RELEASE

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OFFICE USE ONLY

Member $20.00 _____ Non-Member $30.00 _____

Payment: Cash_____ Check _____ Payroll _____ EFT _____ Credit Card_____

Initial/Date: _____

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AGREEMENT AND RELEASE OF LIABILITY

(17 Years and under)

"I,_____, have enrolled in a program of strenuous physical activity including but not limited to aerobic dance, weight training, stationary bicycling, and the use of various aerobic-conditioning machinery offered by Oneida Family Fitness Center. I hereby affirm that I am in good physical condition and do not suffer from any disability that would prevent or limit my participation in this exercise program."

"In consideration of my participation in Oneida Family Fitness Center's exercise program, I hereby release Oneida Family Fitness Center and the Oneida Tribe of Indians of Wisconsin, (its employees and owners), from any claims, demands and causes of action arising from my participation in the exercise program."

"I fully understand that I may injure myself as a result of my participation in Family Fitness Center's exercise program and I hereby release Family Fitness Center and the Oneida Tribe of Indians of Wisconsin from any liability now or in the future including but not limited to heart attacks, muscle strains, pulls, or tears, broken bones, shin splints, heat prostration, knee, lower back, and foot injuries, and any other illness, soreness, or injury, however caused, occurring during or after my participation in the exercise program.

"In consideration of my participation in Oneida Family Fitness Center's exercise program, I disclose that I am under the age of 18 years, and therefore, have received permission from my legal guardian(s) to participate in such a strenuous exercise program."

"As the child's parent/legal guardian, I, _____, hereby release Oneida Family Fitness Center and the Oneida Tribe of Indians of Wisconsin, from any liability now or in the future, however, caused, to my child."

"I hereby affirm that I have read and fully understand the above."

_____ _____
Signature of Parent/Guardian of Child Date

_____ _____
Print Name Date