



BOYS & GIRLS CLUBS
OF NORTH COUNTY

Swim Lesson Registration Form Summer 2021

ENROLLMENT IS ON A FIRST-COME, FIRST SERVED BASIS, AND SPACE IS LIMITED! PLEASE BRING THE COMPLETED FORM WITH PAYMENT TO 445 E. IVY STREET. YOUR SPOT WILL NOT BE GUARANTEED UNTIL PAYMENT IS RECEIVED. **SWIM LESSONS ARE NON-REFUNDABLE**

Child's Info: Name (Last): _____ (First): _____ Gender: _____ Age: _____
 Date of Birth _____ Street Address: _____ City: _____ State: _____ Zip: _____

Ethnicity	Receive school issued meal (please circle one) Free Reduced None
<input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic / Latino <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> American Indian / Alaska Native <input type="checkbox"/> Native Hawaiian / Other Pacific Islander <input type="checkbox"/> Multiracial	

Parent / Guardian Name: _____ **Relationship to Member:** _____
Cell Phone: (____) _____ **Work Phone:** (____) _____ **Email:** _____
Emergency Contacts & Authorized for Pick Up (Other Than Parent / Guardian & Must be Someone Living in Close Proximity):
 Name: _____ Phone: (____) _____ Relationship to Member _____
 Name: _____ Phone: (____) _____ Relationship to Member _____

Medical Information: Please check if any of the following may apply:
 ADD/ADHD Asthma Allergies Autism IEP Diabetes Food Allergy: _____
 Other medical or health issues: (Please explain) _____
 *Medication is the responsibility of the parent/s and family physician. Parents are urged, with the advice of your child's physician to work out a schedule of administering medicine at home, outside of the club hours. Club staff is First-Aid and CPR certified but is not qualified to administer medication to your child. Please indicate any behavioral issues or physical/mental limitations that staff may need to know: _____

SWIMMING EXPERIENCE: Please place an **X** in front of all that apply.
 My child has never been in a swimming pool.
 My child has been in a pool, but always with an adult holding him/her.
 My child feels comfortable in the water, without being held by an adult.
 My child does not feel comfortable in the water.
 My child has had swim lessons in the past.
 In regards to swim lessons this summer, what are your goals for your child? _____

SWIM SESSIONS: Place a check next to the session(s) in which you are enrolling your child.

Session 1: June 7 – June 18 Session 4: July 19 – July 30
 Session 2: June 21 – July 2 Session 5: August 2 – August 13
 Session 3: July 6 – July 16

Please circle desired time: 9:00-9:30 9:30-10:00 10:00-10:30 10:45-11:15 11:15-11:45 11:45-12:15

I hereby give permission for my child to participate in swim lessons at the Boys & Girls Clubs of North County. I understand that the club and its property are not responsible for personal injury or loss of property. I hereby release the Boys & Girls Clubs of North County, its Directors, Officers and Employees from any and all liability for such injury or loss whether arising out of the negligence of the club or occurring on club property. I give my permission for my child's picture, moving pictures, or any other graphic depiction or likeness to be used by the Boys & Girls Clubs of North County, Boys & Girls Clubs of America, and their affiliates in publicity materials.

 Parent/Guardian Name (Please Print) Parent/Guardian Signature Date