

**Plymouth Creek Athletic Club
Program Registration - Swimming Class Instruction**

Swimmer's Name(s): _____

Parent's Name(s): _____

Email: _____ Phone: _____
(REQUIRED FOR FUTURE SWIM INFO)

Address: _____
(Street) (City) (ST) (Zip)

Emergency Contact: _____ Phone: _____

<u>Swimmer's Name(s)</u>	<u>Level</u>	<u>Age</u>	<u>Day of Class</u>	<u>Time</u>	<u>Fee</u>
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Total: _____

Waiver of Liability

I permit our child/children to participate in all activities and hereby release Plymouth Creek Athletic Club and all employees of any liability damages arising on the premises.

I specifically agree that Plymouth Creek Athletic Club, it's officers, employees, contractors and agents shall not be liable for any claim, demands, cause of action of any kind resulting from or relating to my child/children's use of the facilities or participation in any sport, exercise, class or activity, and I agree to hold Plymouth Creek Athletic Club harmless of same.

I understand that in the event of an emergency I give Plymouth Creek Athletic Club permission to authorize any emergency action necessary to insure the safety of our child/children. This is in no way holds Plymouth Creek Athletic Club or the Crowne Plaza Minneapolis West financially responsible or otherwise liable for any medical or emergency care given.

I am aware that there is NO lifeguard on duty. I am aware that surveillance cameras may not be monitored. The undersigned, (individual, parent or guardian, and minor) acknowledges that she/he is signing this agreement on behalf of (themselves, or a minor) and that the (individual or minor) shall be bound by the terms of this waiver of liability/agreement.

**I HAVE READ AND UNDERSTOOD THIS RELEASE AND WAIVER OF LIABILITY AGREEMENT.
I VOLUNTARILY AGREE TO ITS TERMS.**

All lessons are pre-paid.

Cancellations made with less than 2 hours of lesson time will not be rescheduled and the lesson is forfeited.

Plymouth Creek Athletic Club reserves the right to modify or cancel lesson times if needed.

Swimmer's Name(s): _____

Parent's Name(s): _____

SIGNATURE OF SWIMMER or Parent/Legal Guardian (If Swimmer is under 18)

DATE: _____