

Grand Ridge Swim Lesson Registration Form

Swimmer's Name _____ Age _____

Date of Birth _____ Address _____

City _____ Zip _____

Phone (H) _____ (C) _____

Grand Ridge Member: YES NO

E-Mail Address _____

Emergency Contact _____

Phone _____

Check the date of the swim lesson or lessons that your child plans to attend.

Children Group Lessons, 3 – 14 years old. Student receives (8) 45-minute lessons per 2-week session or (8) 45-minute Saturday lessons. The cost is \$130 per member and \$160 for non-member

Beginner/Advanced= (B/A)

Weekday Lessons

10am-10:45am

(B) (A)

Session 1(June 1-June 4, June 7-10)

Session 2(June 14-17, June 21-24)

Session 3 (July 12-15, July 19-22)

9am-9:45am

Saturday Sessions
(June 5, 12, 19, 26. July 10, 17, 24, 31)

***NOTE:** If inclement weather postpones lessons, the makeup days will take place on the Friday of that session.

PAYMENT METHOD

All Fees are non-refundable. Please enclose a check or cash.

Return application and payment to:

Pool Manager, Pro Shop Desk, or Office.

Email to grandridge.manager@gmail.com

Mail to: Grand Ridge, Attn: Swim Lessons, 500 Willowdale Blvd, Luling, LA 70070

Circle: Cash/Check \$ _____

Release and Waiver: I, the member, certify that by registering Participant for this Program, that I am aware of all of the inherent risks associated with participation in any exercise program. I, and the Participant, understand that participation in the program is entirely our choice and it is with this understanding of risk of accidental injury involved in any activity, that I have given my full consent for the Participation to take part in these sports activities. I certify that I have contacted the Participant physician about his/her participation in the program and that the physician has examined the Participant and has endorsed the Participant’s participation in the program. With this release form I also certify that any medical expenses, should an injury occur, are covered by my insurance policy or will otherwise be borne by me personally. I also authorize any licensed hospital, or licensed health care practitioner to perform an examination or render any emergency treatment, which may be necessary in the event the Participant is injured during his/her participation if I am not present to direct the course of his/her treatment. In consideration of the Participant being allowed to participate in the program, I hereby, for the Participant, personally, assume all risk in connection with the program, and I further release the Grand Ridge Country Club, its successors, employees and agents, from any and all liability for any injury or damage which may occur as a result of the Participant’s participation in the program, including all risks connected therewith, whether foreseen or unforeseen; and, further, to save and hold Grand Ridge Country Club, its officers, employees, directors, and agents, from any claim by me individually or on behalf of his/her, family, estate, heirs, or assigns, arising out of his enrollment and participation in the program. I have fully informed myself of the contents of this release agreement by reading it before initialing it. I agree that no oral representations, statements, or inducements apart from the foregoing written release agreement, have been made. I agree that the foregoing release agreement and waiver are intended to be as broad and inclusive as permitted by the laws of the State of Louisiana, and that if any portion thereof is held invalid, it is agree that the balance shall, notwithstanding, continue in full force and effect.

GUARDIAN SIGNATURE: _____ **DATE:** _____

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Office Use Only

Grand Ridge Account # _____ Member’s Name _____

Payment Method: Cash/Check # _____ Amount paid: _____ Date paid: _____