



SWIMMING LESSONS -- McDERMOTT POOL SUMMER 2018

NAME _____ DOB _____

ADDRESS _____ PHONE# _____

MEDICAL PROBLEMS

This will certify that I believe _____ is physically capable of engaging in any swimming program. I understand that in such a program which involves active participation and play in the water, there is the inherent possibility of accident and/or injury. Realizing that such a possibility exists, I hereby grant permission for the voluntary participation of my child or ward. Any medical coverage is the responsibility of each parent or guardian and this form must be signed before their child or ward can participate.

Signature of parent/guardian _____

WARWICK ID CHECKED _____

DO NOT FILL IN -- OFFICE USE ONLY

Pre-beginner _____ Adv.Beginner _____ Beginner _____

Session 1 7/9- 7/20 _____

Session 2 7/23- 8/3 _____

Session 3 8/6- 8/17 _____

Class time is 12:00-12:45pm

THE COURSE FEE IS NON-REFUNDABLE

Warwick resident: \$50.00

2nd child: \$40.00

Non-Resident: \$60.00

2nd child: \$50.00

CASH _____

CHECK # _____

PLEASE MAKE CHECKS PAYABLE TO McDERMOTT POOL

(Please have driver's license ready. License # must be written on the check)