

FALL SESSION APPLICATION:

OCTOBER 16, 2023-JANUARY 12, 2024

- The child must be potty trained in any group or private lesson.
- Parents must stay on the premises during the lesson.
- In Parent-Tot lessons a waterproof swim diaper is required
- Abide by all facility's rules and regulations.
- Children must be supervised throughout the building.
- No Adult males in the Female locker Room or Adult Females in the Male Locker Room
- No children on Deck without an Instructor on site
- Not responsible for lost personal items.

CHOSE 1 (ONE) DAY AND 1 (ONE) GROUP AND SIGN:			
MONDAY:	GROUP-5:15	GROUP-5:50	
TUESDAY:	PRIVATE-5:15	GROUP-5:50	
WEDNESDAY:	GROUP-5:15	GROUP-5:50	
THURSDAY:	PRIVATE-5:15	GROUP-5:50	
FRIDAY:	GROUP-5:15	GROUP-5:50	
SATURDAY:	PARENT & TOT 9:	30 AM GROUP-10:05	
***IF YOUR CHILD IS <u>6 AND OVER</u> AND CAN SWIM A 25 YD LAP UNASSISTED ASK ABOUT NR COMPETITIVE DEVELOPMENT PROGRAM (2 DAY Mon/Wed- 1 hour 6:30-7:30 PM and 3 DAY Mon/Wed/Thur. 1.5 hour 6:30-8 PM)			
SIGN:	Da	ate: Paid: \$	
	Fall fee schedule: Registration Fee: \$35.00 One-time per school year USA Swimming Registration 10% off the Second Child/10% OFF the Second Day		
	No Refunds after the Second Class		
	Group Lesson Fee	: One Child-1 Day: \$240.00	
	Private Lesson Fe	e: One Child-1 Day: \$325.00	
	Parent & Tot fee:	1 Child/1 Parent: \$245.00	
CHILDS NAME:		AGE:	
CHILDS NAME:		AGE:	
PARENTS NAME	(S)		
CONTACT: CELL ANY PHYSICAL L		EMAIL:	

SEE WAIVER AND RELEASE OF LIABILITY FORM WITH MEDICAL INFO FORM ATTACHED

NRAC PRE-

WAIVER AND RELEASE OF LIABILITY

Please read carefully before signing. This is a release and waiver of certain legal rights.

l,	, Parent of	, the enrolled participant(s)
agree and understa	nd that swimming is a HAZARDOUS activ	vity. I recognize that risks are inherent in and around the
aquatic environmer	nt, including but not limited to, paralyzin	g injuries and death. The participant (via Parent/Guardian
permission) hereby	agrees to participate in the NRAC Splasi	n and Swim Learn to Swim program, and hereby agrees to
indemnify and hold	harmless its Coordinators, Instructors, a	and the North Rockland Central School District from and
against all liability, l	oss, damages, claims or actions (including	ng costs and attorney's fees) for bodily injury and/or
property damage, t	o the extent permissible by law.	
The participant aut	norizes the swim program coordinators	to treat or have the participant treated in any medical
emergency while pa	articipating in the NRAC Splash and Swin	n Learn to Swim program. Further, the parent/guardian
agrees to pay all co	sts associated with medical care and tra	nsportation for the participant.
I have noted at the	bottom of this form any medical/health	problems of which the staff should be aware.
I HAVE CAREFULLY I	READ THE ABOVE LIABILITY RELEASE & B	ELOW RULES OF THE PROGRAM AND SIGNED IT WITH FULL
KNOWLEDGE OF ITS	S CONTENTS AND SIGNIFICANCE.	
	rdian):	Date:
(Fall/Winter/Spring)	
Any medical/health	problems:	

Use separate sheets if needed.