



MAILING ADDRESS:
12819 SE 38th ST, #183
BELLEVUE, WA 98006

PHYSICAL ADDRESS:
4445 SOMERSET BLVD SE
BELLEVUE, WA 98006
(425) 747-5575

HAVING FUN. BEING HEALTHY. BUILDING COMMUNITY.

2018 Group Swim Lessons

Last Name:			
First Name(s): (adult)			
Home Phone:		Cell Phone:	
Email Address(s):			
Address:			
City:		State / Zip:	

Group lessons are on weekdays for 30 minutes. There are time slots at 12pm and 12:30pm. You sign up by the week. Kids will be grouped according to ability. Ratio of coach to student is very low for new swimmers and will go up slightly as kids become water safe.

Child Name			
Sex M / F	Age _____	Ability Beginner 1 / Beginner 2 / Beginner 3 / Intermediate	

Week 1: Date TBD (5 classes) \$50 members / \$60 non-members

Week 2: Date TBD (5 classes) \$50 members / \$60 non-members

Week 3: Date TBD (5 classes) \$50 members / \$60 non-members

Week 4: Date TBD (5 classes) \$50 members / \$60 non-members

Week 5: Date TBD (5 classes) \$50 members / \$60 non-members

Week 6: Based on Demand

Important notes:

- There will be practice July 4th,
- Due to high demand and increasing costs we won't be able to provide discounts or prorating for any weeks.
- Due to high demand and increasing costs we also cannot offer makes ups.

Parent / Guardian Release:

I, parent or guardian of the child(ren) listed on this form, consent for medical care to be provided to him/her. I also give my consent in case I may not be reached, that my child(ren) may receive further medical care at a doctor's office, hospital, acute care clinic or emergency department. The emergency contacts listed below have my permission to transport my child(ren) and to give consent or refuse treatment until I can be reached. As in all active sports, there are risks and hazards, and accidents may occur. I recognize swimming can have inherent risks and I accept the risks in this activity. I agree to Release, Hold Harmless, and Indemnify Somerset Recreation Club, Inc. and its employees, volunteers and officers from all claims, liabilities or costs, which may arise out of participation in this program.

Parent / Guardian Signature:			
Printed Name:		Date:	

Payment Option

Check: Somerset Recreation Club (SRC), 12819 SE 38th St., #183, Bellevue, WA 98006	
<u>Or</u> , Credit Card Number	Exp.
Signature	