

# Learn to Swim Class Registration

Please complete one form per participant, per class.

Please circle the Level and class you are registering for.

Babies	Level I	Level II	Level III
MW 5:50-6:20	MW 6:25-6:55		
T, TH 6:55-7:25	T, TH 7:30-8:00		T, TH 10:15-10:45
F 5:30-6:00	F 6:05-6:35		
S 9:30-10:00	S 10:05-10:35		S 10:40-11:10

Swimmer's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ M F

Mother's Name \_\_\_\_\_ cell phone \_\_\_\_\_

Work information \_\_\_\_\_

Email address \_\_\_\_\_

Father's Name \_\_\_\_\_ cell phone \_\_\_\_\_

Work information \_\_\_\_\_

Email address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Preferred form of contact \_\_\_\_\_

Emergency contact information \_\_\_\_\_

Are you or someone in your immediate home a member of NMF? \_\_\_\_\_

How did you hear about the lessons? \_\_\_\_\_

Payment due upon registration, cash, check, or credit card accepted. \_\_\_\_\_

There must be 2 participants registered per class, otherwise you may be rescheduled, you will be consulted.

Credit may be issued at the discretion of the Program Coordinator, there will be no refunds.

**NORTH CAROLINA**

**RELEASE OF ALL CLAIMS**

**ALAMANCE COUNTY**

The undersigned, being of sound mind and legal age, hereby release **NEW MILLENNIUM FITNESS, INC.** and its employees, agents and assigns of any and all claim for damages of any sort, kind and description as result of the undersigned's use of the swimming pool and related facilities at New Millennium Fitness, Inc. located at 4948 Forest Oaks Drive, Mebane, Alamance County, North Carolina. It is understood that this Release of All Claims for injury or damage incurred by the undersigned is to be taken in as broad a manner as possible, it being the undersigned's intent to release New Millennium Fitness, Inc. of any and all claims and damages as a result of the undersigned's use of the swimming pool located at the premises set forth above.

The undersigned further acknowledges and agrees that the use of the said swimming pool at New Millennium Fitness, Inc. by the undersigned is potentially a dangerous activity. The undersigned further agrees and acknowledges that there are risks associated with the use of the swimming pool at New Millennium Fitness, Inc., and the undersigned accepts said risks. The undersigned further certifies and affirms that the undersigned has been told that New Millennium Fitness, Inc. is providing no lifeguard nor any other person to supervise the undersigned's use of the swimming pool at New Millennium Fitness, Inc., and the undersigned swims and uses the said swimming pool at the undersigned's own risk.

The undersigned further agrees that this Release of All Claims includes, without limitation, all injuries which the undersigned may sustain as a result of use of the said facility by the said undersigned, as well as releasing all claim for injury against New Millennium Fitness, Inc., its employees, agents and assigns as a result of any negligence or any other cause.

As used herein, the singular includes the plural, the plural includes the singular, and gender is interchangeable where so required by context.

The undersigned certify that he/she/they understand and have reviewed this Release and sign it freely and voluntarily, and of their own free will.

Dated: \_\_\_\_\_ (Seal)

Dated: \_\_\_\_\_ (Seal)