

2018 BTC Swim Lesson Registration Form

Child's name: _____ Age: _____

Parent/Guardian name: _____

Lesson Type: Private Semi-private BTC Member?: Yes No

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

Please indicate your child's swimming ability and provide any additional comments on areas where the swim instructor should concentrate. If your child has any physical restrictions, please state those as well.

Preferred lesson dates/times: _____

**Payment is due in full upon the first lesson. Payments can be made in person at the clubhouse main office or by mail.*

Please remit payment to:

Burlington Tennis Club
P.O. Box 143
Burlington, VT 05402

Please indicate your method of payment below:

Check # _____

Amount enclosed: \$ _____

I understand the inherent risk of injury involved in participation in this activity and verify that my child is medically fit to participate. I give my permission to the supervisors of this program to take the proper steps in case my child is in need of emergency medical attention. I also release the Burlington Tennis Club and its agents from any and all claims arising from my child's participation in this activity.

Parent/Guardian Signature: _____

Date _____