

Student's Last Name \_\_\_\_\_

**Our Redeemer Church**

**SWIM LESSON REGISTRATION FORM**

Mother's Name \_\_\_\_\_ Mother's Cell \_\_\_\_\_  
 Father's Name \_\_\_\_\_ Father's Cell \_\_\_\_\_  
 Address \_\_\_\_\_ Home Number \_\_\_\_\_  
 City/Zip \_\_\_\_\_ Email \_\_\_\_\_  
 Language Spoken at Home: \_\_\_\_\_  
 How did you hear about us: returning student school flyer word of mouth Other: \_\_\_\_\_

Participant's Name Last, First	Sex M/F	Birthdate MM/DD/YY	Age	Level	Circle Session/Enter Schedule Time				Total
					1	2	3	4	
					1	2	3	4	
					1	2	3	4	
					1	2	3	4	
					1	2	3	4	
<b>Total</b>									

**RELEASE OF LIABILITY**

Should any illness or accident to him/her occur during Swim Activities for the period June 24th through August 2nd, 2019, my consent is given to any licensed physician, to administer such treatment as the physician shall think the existing emergency requires. I hereby further relieve Our Redeemer Lutheran Church, 12301 Magnolia Street, Garden Grove, California and its Swim Staff, Pastors, Preschool Staff, Church Council and personnel of any liability due to accidents, injuries, or property loss that might occur during the swim lessons for swim season 2019.

\*\* I further give my permission to allow the staff to photograph my child for the purpose of sharing with families on 'Shutterfly,' and publicizing our program in brochures and on the church website.

Signature of Parent/Guardian \_\_\_\_\_

**MEDICAL HISTORY**

Medical Insurance Company \_\_\_\_\_ Medical ID# \_\_\_\_\_

Please list any Medical conditions or special accommodations your child may need.

Name	Medical Condition/Special Accommodations

OFFICE USE ONLY:							
PAID	\$	CASH/CHECK#		DATE REC'D		INITIALS	
PAID	\$	CASH/CHECK#		DATE REC'D		INITIALS	
PAID	\$	CASH/CHECK#		DATE REC'D		INITIALS	
PAID	\$	CASH/CHECK#		DATE REC'D		INITIALS	

## REFUND POLICY FOR SWIM LESSONS:

### ***Session One (June 24 – July 5):***

Full refund will be given on or before June 18.

50% refund will be given after June 18 and  
before June 21.

After June 21, no refund will be given.

### ***Session Two (July 8-July 19):***

Full refund will be given on or before July 2.

50% refund will be given after July 2 and before July 5.

After July 5, no refund will be given.

### ***Session Three (July 22 – Aug 2)***

Full refund will be given on or before July 16.

50% refund will be given after July 16 and before July 19.

After July 19, no refund will be given.

**\*No refunds or makeup days for illness, vacation, holiday  
or inclement weather\***

Signature: \_\_\_\_\_

Date: \_\_\_\_\_