



"BUILDING A TRADITION ONE STROKE AT A TIME"

"REACH FAR . . . KICK HARD . . . SWIM FAST"

LEARN TO SWIM REGISTRATION FORM

SWIMMERS NAME: _____

BIRTHDATE (DAY/MONTH/YEAR): _____

PARENTS NAME: _____

PHONE #'S: _____

EMAIL: _____

WAIVER: As a participant or as the legal parent/guardian of a participant in the Abaco Swim Club Program represented by this registration form, I agree to hold Long Bay School/Abaco Swim Club Program and its officers and agents free and harmless from any claim or expense that may arise due to participation in this program.

SIGNATURE: _____ DATE: _____

Sessions at Long Bay School Pool on Monday's & Wednesday's.

Stations 1-2 4:00-4:30 Stations 3-10 4:30-5:00

Cost: \$10 per lesson

NO REFUNDS

Make cheques Payable to "Abaco Swim Club"

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