

## LCISD ARC Registration Form SUMMER 2023

Welcome to the LCISD SUMMER learn to swim program! We offer a variety of aquatic programs from American Red Cross swim lessons to swim technique for the advanced swimmer. Swim and Technique are 30-minute lessons. Parents please be seated in the designated areas; *no parents allowed on pool deck during class time*. Payment is due at the time of registration. **NO REFUNDS GIVEN. NO MAKE-UP DATES FOR CLASSES MISSED.** The course is designed to teach various swimming skills at a particular level, as well as educate each student about water safety. At the completion of each class, the students will receive information regarding their progress. Student will provide his or her own swimming attire and transportation. Students will be under adult supervision during the entire class. Parents must always remain on the premise and are responsible for their children before and after class.

### Swimmer's Ability: (please check all that apply)

\_\_\_ Non-Swimmer    \_\_\_ Water Adjusted    \_\_\_ Level    \_\_\_ Swim Team    \_\_\_ Non Diver    \_\_\_ Experienced Diver

Other Comments: \_\_\_\_\_

Swimmer Name:		Sex:	Age:	Birthdate:
Parent's Name: Mother:			Father:	
Street Address:			Phone:	
City:	, Texas	Zip:	Email:	
Emergency Contact:			Phone:	
Primary Care Physician:			Phone:	
Insurance Company:			Phone:	
Policy#	Group#		Phone:	
Allergies:		Current Medication(s):		
Previous Injuries/Restrictions:				

Please initial below to the following statements:

\_\_\_\_\_ Yes, I understand that my child will be evaluated on his/her swimming abilities and the instructors will have the final decision as to whether my child meets the requirements for that level.

\_\_\_\_\_ Yes, I understand any misconduct on the part of my child may result in disciplinary action up to and including suspension from the class.

\_\_\_\_\_ **Yes, I understand there are NO REFUNDS for any reason.**

I understand participation in the LCISD American Red Cross swim program is completely voluntary and I do not hold Lamar CISD, the teaching staff and all involved liable in case of an accident traveling to and from scheduled activities of the program or for accidents resulting from behavior contrary to the instruction. In case of an emergency, I give the LCISD American Red Cross swim program permission to provide any and all emergency treatment necessary.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICE USE ONLY**

CASH/CHECK #	SPORT	SESSION	TIME	RECEIVED BY

**\*\*THIS ORGANIZATION AND ITS ACTIVITIES ARE NOT RELATED TO OR SPONSORED BY LAMAR CONSOLIDATED ISD\*\***