

SESSION 1 2 3

LCISD ARC Registration Form SUMMER 2024

TIME: _____, _____, _____

Welcome to the LCISD SUMMER learn to swim program! We offer a variety of aquatic programs from American Red Cross swim lessons to teach swim technique for the advanced swimmer. All instructors are American Red Cross certified. 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, NO SWITCHING OR CHANGING..** The course is designed to teach various swimming skills at a particular level, as well as educating each student about water safety. Student will provide his or her own swimming attire and transportation. Parents must always remain on the premise and are responsible for their child/ren 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: _____ SCHOOL/GRADE _____

Swimmer Name:		Sex:	Age:	Birthdate:
Parent's Name:			Parent #2 Name:	
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, NO MAKE-UPS FOR ANY REASON, NO SWITCHES, AND NO CHANGES- NO EXCEPTIONS.**

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****