

Williamsburg Community Pool  
Swim Lesson Registration 2021

**\*\*Please Print Legibly\*\***

Office Use: \$ \_\_\_\_\_  
\_\_\_\_chk \_\_\_\_cash \_\_\_\_credit

Participant's Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Today's Date \_\_\_\_\_  
Home Address \_\_\_\_\_ County \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Cell Phone \_\_\_\_\_ E-mail address \_\_\_\_\_  
Parent or Guardian's Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Emergency Contact \_\_\_\_\_ Cell Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Cost of Lessons: \$64/pool members      \$80/non-pool members

Please check your desired session:

**Session 1:** Monday-Thursday, July 5-15, 2021 (8 lessons)

\_\_\_\_ 11:00-11:45 ages 3-5                      \_\_\_\_ 12:00-12:45 ages 6-11

**Session 2:** Monday-Thursday, July 19-29, 2021 (8 lessons)

\_\_\_\_ 11:00-11:45 ages 3-5                      \_\_\_\_ 12:00-12:45 ages 6-11

**Payment Information:**

Deadline for Session 1 registration is July 2, 2021

NO REFUNDS after July 7, 2021

Deadline for session 2 registration is July 16, 2021

NO REFUNDS after July 21, 2021

**Cash or Checks made payable to WAMCC and bring to the pool by deadline (DO NOT send to PO Box for pool)**

**Medical Information:** Does your child have any or exhibit any of the following: Physical Disabilities (Specify injured body parts, fears, or weakness), Psychological Disabilities (Specify anxieties, fears, or weakness), Chronic Ailments (Asthma, Epilepsy, etc...), and Allergies (insects/food)? If yes please describe \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that \_\_\_\_\_ has had an official medical examination within the past year and is physically fit and able to participate in this swimming program. I am also aware that any activity involving motion or water creates the possibility of serious injury, including permanent paralysis and even death and have communicated to my child with respect to this risk. In addition, I/we expressly understand and agree to indemnify and save the Williamsburg Community Pool, The City of Williamsburg, and the Commonwealth of Virginia and its directors, instructors, and independent contractees harmless from and against any and all claims, liabilities, costs, expenses, fires, injuries, and deaths, which arise from or are caused by, in whole or in part, directly or indirectly, the use of the Williamsburg Community Pool facilities or the activity hereby applied for by the applicant, its employees, servants, agents, invitees, or independent contractees. I/we further understand that use of Williamsburg Community Pool facilities is made at the sole risk of the applicant, and that neither the Williamsburg Community Pool, The City of Williamsburg, and the Commonwealth of Virginia make any representations, expressed or implied as to the suitability or fitness of such facilities as shall be set forth in writing.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

I understand that I, the Parent/Guardian am required to remain at the pool at all times during my child's swim lesson.

Initials of the Parent/Guardian \_\_\_\_\_

Where did you hear about WCP swim lessons? \_\_\_\_\_