

## Canyon Swim School Mail-In Registration Form

Mail to: Canyon Swim School  
21 Campbell Lane  
El Sobrante, CA 94803

(510) 223-4600 [www.canyonswimschool.com](http://www.canyonswimschool.com) email: [swimlessons@canyonswimschool.com](mailto:swimlessons@canyonswimschool.com)

- Please complete IN FULL and make a copy for your records prior to mailing.
- For your protection, do not include payment with this registration form. We will contact you to confirm registration in classes and will obtain payment at that time.

Parent/Guardian's Name (LAST) \_\_\_\_\_ (FIRST) \_\_\_\_\_  
Street Address (include apartment and/or P.O. box #) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Primary Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_  
Email Address \_\_\_\_\_

### GENERAL INFORMATION

Student's Name (LAST, FIRST)	Age	Date of Birth (mo/day/year)	If previous student, last badge
1. _____			
2. _____			
3. _____			
4. _____			

### SESSION REGISTRATION (please refer to our website for class levels, sessions and times)

Student's Name (LAST, FIRST)	Desired Class Level	Session #	Preferred Time Choices (#1 #2 #3)
1. _____			
2. _____			
3. _____			
4. _____			

**ANY HEALTH PROBLEMS OF STUDENT(S)?** Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain (be specific as to which student): \_\_\_\_\_

### WAIVER/RELEASE:

In consideration of being allowed to participate in the activities of swimming, diving and/or water polo, I agree to release Canyon Swim School and any owner, partner and/or employee from negligence to the fullest extent permitted by law, for any complication or injury that may happen to the above-listed student(s), family members and/or me while at Canyon Swim School. I understand swimming, diving and/or water polo activities can be dangerous and that a full range of possible known and unknown injuries can occur. This includes, but is not limited to, permanent disability and/or death. I have communicated in writing to Canyon Swim School any medical issues and/or traumatic experiences of the above-listed student(s), and covenant to communicate in writing prior to the above-listed student's(s') participation in any swimming, diving and/or water polo any change to those medical issues and/or traumatic experiences. I have read the forgoing, in addition to Canyon Swim School's policies on registration, payment, cancellation, refunds, make-ups, swim diapers, and parking, and understand their content. I consent to the use of any and all photographs and/or videos taken of the above-listed student(s), family members and/or me at Canyon Swim School, waiving any and all rights to compensation for their use in advertising for Canyon Swim School. This WAIVER/RELEASE shall remain in effect for as long as the above-listed student(s) participates in the activity of swimming, diving and/or water polo at Canyon Swim School or until expressly revoked in writing by me. ***I have read and understand this WAIVER/RELEASE and agree to its terms and conditions.***

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