

# 2010 Los Ranchitos Swim Lesson Enrollment Form

Student Information – Please list only one student per form

Student's Name: \_\_\_\_\_  
DOB: \_\_\_\_\_ Age as of June 15, 2010: \_\_\_\_\_  
Parent or Guardian Name(s): \_\_\_\_\_  
Address: \_\_\_\_\_ City, Zip: \_\_\_\_\_  
Contact Phone: \_\_\_\_\_ Emergency Contact phone \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

Mail to: LRCC 121 Calado Avenue, Campbell, CA 95008 E-mail: [lessons@lrcc.org](mailto:lessons@lrcc.org)

*Confirmations will be sent via e-mail.*

NO LESSONS on FRIDAYS

Session 1: M-TH June 14<sup>th</sup> - June 24<sup>h</sup>  
\_\_\_\_\_ 10:00 - 10:30 AM Starfish  
\_\_\_\_\_ 10:30 – 11:00 AM Eel  
\_\_\_\_\_ 11:10 – 11:40 AM Stingray  
\_\_\_\_\_ 11:40 – 12:10 PM Shark

Session 2: M-TH July 5th - July 15th  
\_\_\_\_\_ 10:00 - 10:30 AM Starfish  
\_\_\_\_\_ 10:30 – 11:00 AM Eel  
\_\_\_\_\_ 11:10 – 11:40 AM Stingray  
\_\_\_\_\_ 11:40 – 12:10 PM Shark

Fees:

Member: \$65 per session \_\_\_\_\_

Total sessions: \_\_\_\_\_

Non-Member: \$80 per session \_\_\_\_\_

X \$65.00 or \$80.00

Please make check payable to LRCC. Check # \_\_\_\_\_ Total Amount Due \_\_\_\_\_

Is there anything you'd like us to know about your student?

There will be no make-up lessons for missed classes unless cancelled by LRCC.

## Medical Release/Liability Waiver

BY SIGNING BELOW, YOU AGREE AS FOLLOWS:

I (WE), DO HEREBY, GIVE MY CONSENT FOR OUR CHILD(REN) TO ACTIVELY PARTICIPATE IN ALL ACTIVITIES OF THE LOS RANCHITOS CABANA CLUB (LRCC) SWIM LESSONS.

I (WE) ASSUME ALL RISKS AND HAZARDS INCIDENTAL TO PARTICIPATING IN THE LRCC SWIM TEAM APPROVED ACTIVITIES.

IT IS UNDERSTOOD THAT IN THE CASE OF EMERGENCY, EVERY EFFORT WILL BE MADE TO

CONTACT ME (US) AT THE PHONE NUMBERS LISTED ON THIS REGISTRATION. THE

UNDERSIGNED PARENT OR LEGAL GUARDIANS OF THE SWIMMER(S) LISTED BELOW, DO

HEREBY AUTHORIZE AN X-RAY EXAMINATION, ANESTHETIC, MEDICAL OR SURGICAL

DIAGNOSIS RENDERED UNDER GENERAL OR SPECIFIC

SUPERVISION OF ANY MEMBER OF THE MEDICAL STAFF AND EMERGENCY ROOM STAFF

LICENSED UNDER THE PROVISIONS OF THE MEDICAL PRACTICE ACT, OR A DENTIST LICENSED

UNDER THE PROVISIONS OF THE DENTAL PRACTICE ACT AND ON THE STAFF AT ANY

ACUTE GENERAL HOSPITAL CURRENTLY LICENSED BY THE STATE DEPARTMENT OF PUBLIC

HEALTH. THIS AUTHORIZATION IS GIVEN PURSUANT TO THE PROVISIONS OF THE CALIFORNIA

CIVIL CODE. CONSENT REMAINS IN EFFECT UNTIL 7/31/2010.

Swimmer name(s): \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_

Parent or Guardian Name: (please print): \_\_\_\_\_ Date \_\_\_\_\_